Publication EFAST-B

PART TWO

ELECTRONIC/MAGNETIC MEDIA

RECORD LAYOUTS

FOR

FORMS 5500 and 5500-EZ

(PLAN YEAR 2002)

June 1, 2003

# Table of Contents

## PART TWO

## Record Layouts

# 1. Overview of Part II

This is Part II of the File Specifications, Validation Criteria and Record Layouts document for EFAST (ERISA Filing Acceptance System). Part II contains the Record Layouts. Part I contains the File Specifications and Validation Criteria.

Part II of this document contains the following sections:

❑ Section 2 provides a list of revisions of this document.

❑ Section 3 explains the format of EIN, name, and address fields.

❑ Section 4 explains **multiple schedules** and **repeating pages**.

❑ Section 5 through 19 are the **Record Layouts** for all the Forms and Schedules. Each page of each Form or Schedule has its own record layout. Note that the control information is not included in these layouts. They can be found in Part I of this publication (File Specifications and Validation Criteria).

# 2. Revision History

| Date | Section | Description of Change |
|------|---------|----------------------|
| 11/13/02 | throughout | Changed all references from plan year 2001 to plan year 2002. |
| 11/25/02 | 14 | Field 1120 on page 3 is changed from Unsigned to Signed. |
| 12/10/02 | 12 | Schedule F is no longer valid for Electronic Filing. |
| | 8 | Length of Field 240 on Schedule B, page 1 is increased to 7. |
| 12/12/02 | 6 | Form 5500-EZ, page 2: Field 580 – remove option F as valid value; others are re-lettered due to removal of Defined benefit 412(i). |
| 12/20/02 | 6 | Form 5500-EZ, page 2: Field 580 – change back to original specifications. |
| | 8 | Schedule B, page 5: Field 2295 – removed implied decimals. |
| 12/30/02 | 6 | Form 5500-EZ, page 2: Field 580 – descriptions for options A and B were reversed; they are correct now. |
| 01/07/03 | 4.2 | Schedule C, page 3 can repeat. |
| 02/10/03 | 5 | Form 5500, page 1: Field 230 can be blank. Added **b;** to description. Form 5500, page 2: Fields 620 cannot be blank. Removed **b;** from description. Added list of fields that cannot be blank to "Notes for Sections 5 through 19" |
| 3/11/03 | Cover | Removed "Draft" |
| 4/01/03 | 14 & 15 | Schedule H, page 4: Field 1400 and Schedule I, page 2: Field 590 - Changed the type on line 4f from Numeric to Alphanumeric to allow for the "@" symbol representing "approximately". |

| Date | Section | Description of Change |
|---|---|---|
| 05/27/03 | 10 | Schedule D, page 1: Fields 0180, 0230, 0280, and 0330 can be blank.<br><br>Schedule D, page 2: Fields 0390, 0440, 0490, 0540, 0590, and 0640 can be blank. |
| 06/02/03 | 14 & 15 | Schedule H, page 4: Field 1400 and Schedule I, page 2: Field 590 - Changed the type on line 4f back to Numeric. The "@" symbol representing "approximately" is not a valid value for these fields. |

# 3. Special Instructions for Entering EIN, Name, and Address Fields

These instructions must be carefully followed to avoid delaying returns for error conditions. They must be included in electronic transmitters' programs as consistency tests and in the data entry instructions.

## 3.1 EIN Fields

The first two digits of a valid Employer Identification Number (EIN) must equal one of the 73 District Office (DO) Codes listed below:

01, 02, 03, 04, 05, 06

10, 11, 12

13, 14, 15, 16

20, 21, 22, 23, 24, 25, 26, 27

30, 31, 32

33, 34, 35, 36, 37, 38, 39

40, 41, 42, 43, 44, 45, 46, 47, 48

50, 51, 52, 53, 54, 55, 56, 57, 58, 59

60, 61, 62, 63, 64, 65, 66, 67, 68, 69

70, 71, 72, 73, 74, 75, 76, 77

80, 81, 82, 83, 84, 85, 86, 87, 88

90, 91, 92, 93, 94, 95, 96, 97, 98, 99

## 3.2 Name Line Fields

1. If an entry is to be made on Name Line 1, the first position of Name Line 1 must contain A-Z or 0-9.  It can never be blank.  The remaining positions must contain A - Z, 0 - 9, hyphen (-), ampersand (&), or blank.

2. Only one intervening blank may separate any component of a name line.

3. All apostrophes and any other punctuation characters, unless previously mentioned, must be omitted from names and the alphabetic characters shifted to the left in their place (e.g., O'Shea = OSHEA).

## 3.3 Street Fields

1. If an entry is to be made in Street Address, the first position may be A-Z or 0-9.  The remaining positions may be A-Z, 0-9, hyphen (-), slash (/) or blank.  Data may not follow two consecutive blanks.

2. Abbreviate words requiring standard abbreviations unless the word is a proper name.

```
          Examples                Enter As

          South Court Street      S COURT ST
          Circle Drive            CIRCLE DR
          Lane Building           LANE BLDG
          Northeast Street        NORTHEAST ST
          Third Street            THIRD ST
          3 Ave.                  3RD AVE
```

3. The following standard abbreviations are preferred:

| WORD | ABBR. |
|------|-------|
| Air Force Base | AFB |
| Apartment | APT |
| Avenue | AVE |
| Boulevard | BLVD |
| Building | BLDG |
| Care of, or In care of | % |
| Circle | CIR |
| Court | CT |
| Drive | DR |
| East | E |
| General Delivery | GEN DEL |
| Highway | HWY |
| Lane | LN |
| North | N |
| Northeast, N.E. | NE |
| Northwest, N.W. | NW |
| One-Half | 1/2 |
| Parkway | PKY |
| Place | PL |
| Post Office Box, P.O. Box | PO BOX |
| Route, Rte. | RT |
| Road | RD |
| R.D., Rural Delivery, RFD, R.F.D., R.R. or Rural Route | R D |
| South | S |
| Southeast, S.E. | SE |
| Southwest, S.W. | SW |
| Street | ST |
| Terrace | TER |
| West | W |

4. Enter fractions using numbers and the slash (/). For example: 1/2 (no spaces). Space **before** and **after** the fraction (e.g., 566 1/2 Flower ST)

5. Enter the house number and street, route number, post office box number, or box number.

6. Plurals for street, road, avenue, apartment, etc., will be entered as STS, RDS, AVES, APTS, etc.

7. Always add st, nd, rd, or th to a numbered street or avenue. Examples: 1 = 1ST; 2 = 2ND; 3 = 3RD, etc.

8. Do not use "#" symbol, "No.", or "Number" as a prefix to a house, apt., route, or P.O. Box.

9. Enter college, building, or post office branch as the address if no other mailing address is given.

## 3.4  City Fields

The City field may contain only alphabetic characters (A-Z), or blanks.  "APO" and "FPO" should be entered in the city field if present.  The appropriate state code should be used if "APO" and/or "FPO" are used (see Section 3.5.1).  **Note:  If an entry is made in city and/or state and/or zip code, then ALL THREE FIELDS MUST contain significant data.**

## 3.5  State and Zip Fields

State and Zip Code Fields must comply with the descriptions listed below:

| State | Abbr. | Zip Code |
|---|---|---|
| Alabama | AL | 350nn-369nn |
| Alaska | AK | 995nn-999nn |
| Arizona | AZ | 850nn-865nn |
| Arkansas | AR | 716nn-729nn, 75502 |
| California | CA | 900nn-908nn, 910nn-961nn |
| Colorado | CO | 800nn-816nn |
| Connecticut | CT | 060nn-069nn |
| Delaware | DE | 197nn-199nn |
| District of Columbia | DC | 200nn-205nn |
| Florida | FL | 320nn-339nn, 341nn, 342nn, 344nn, 346nn, 347nn, 349nn |
| Georgia | GA | 300nn-319nn, 399nn |
| Hawaii | HI | 967nn, 968nn |
| Idaho | ID | 832nn-838nn |
| Illinois | IL | 600nn-629nn |
| Indiana | IN | 460nn-479nn |
| Iowa | IA | 500nn-528nn |
| Kansas | KS | 660nn-679nn |
| Kentucky | KY | 400nn-427nn, 45275 |
| Louisiana | LA | 700nn-714nn, 71749 |
| Maine | ME | 03801, 039nn-049nn |
| Maryland | MD | 20331, 206nn-219nn |
| Massachusetts | MA | 010nn-027nn, 055nn |
| Michigan | MI | 480nn-499nn |
| Minnesota | MN | 550nn-567nn |

| State | Abbr. | Zip Code |
|---|---|---|
| Mississippi | MS | 386nn-397nn |
| Missouri | MO | 630nn-658nn |
| Montana | MT | 590nn-599nn |
| Nebraska | NE | 680nn-693nn |
| Nevada | NV | 889nn-898nn |
| New Hampshire | NH | 030nn-038nn |
| New Jersey | NJ | 070nn-089nn |
| New Mexico | NM | 870nn-884nn |
| New York | NY | 004nn, 005nn, 06390, 100nn-149nn |
| North Carolina | NC | 270nn-289nn |
| North Dakota | ND | 580nn-588nn |
| Ohio | OH | 430nn-459nn |
| Oklahoma | OK | 730nn-732nn, 734nn-749nn |
| Oregon | OR | 970nn-979nn |
| Pennsylvania | PA | 150nn-196nn |
| Rhode Island | RI | 028nn, 029nn |
| South Carolina | SC | 290nn-299nn |
| South Dakota | SD | 570nn-577nn |
| Tennessee | TN | 370nn-385nn |
| Texas | TX | 733nn, 73949, 750nn-799nn |
| Utah | UT | 840nn-847nn |
| Vermont | VT | 050nn-054nn, 056nn-059nn |
| Virginia | VA | 20041, 201nn, 20301, 20370, 220nn-246nn |
| Washington | WA | 980nn-986nn, 988nn-994nn |
| West Virginia | WV | 247nn-268nn |
| Wisconsin | WI | 49936, 530nn-549nn |
| Wyoming | WY | 820nn-831nn |

### 3.5.1  APO/FPO CITY/STATE/ZIP CODES FOR MILITARY OVERSEAS ADDRESSES:

NOTE: The State codes established for use with "APO" and "FPO" are: AA (Americas), AE (Europe), or AP (Pacific).

| City | Abbr. | Zip Code |
|------|-------|----------|
| APO or FPO | AA | 340nn |
| APO or FPO | AE | 090nn-098nn |
| APO or FPO | AP | 962nn-966nn |

# 4. Multiple Schedules and Repeating Pages

## 4.1  Multiple Schedules

A filer may submit multiple occurrences of certain schedules for each **filing**.  Those schedule s are as follows:

| Schedule | Maximum Number of Occurrences |
|----------|-------------------------------|
| Schedule A | 999 |
| Schedule P | 999 |
| Schedule T | 999 |

Please note the **Occurrence of Schedule**  (the sequential order) is determined by the Schedule's place in the **filing** and NOT its place in the batch.  For instance, if the first **filing** in a batch contained five Schedules A, their respective values for the Occurrence of Schedule field would be 001, 002, 003, 004, and 005.  And if the next filing contained two Schedules A, their Occurrence of Schedule values would be 001 and 002 (i.e., the sequential numbering restarts for each filing).

## 4.2  Repeating Pages

For the machine-print paper forms, some schedules are designed with repeating pages, so that if a filer runs out of space on one page of a schedule, he or she may submit more copies of that page.  For example, if a filer wished to enter more participants than page 2 of Schedule SSA could accommodate, that filer would submit multiple occurrences of Schedule SSA page 2.

The electronic filing procedure for submitting multiple pages is similar to this machine-print paper solution.  An electronic filer may file up to 9999 repeated instances of some pages of Schedules C, D, G and SSA, if that particular page of that schedule cannot hold all the filing information.

The following pages can have up to 9,999 occurrences:

| Schedule | Pages that Repeat |
|----------|-------------------|
| Schedule A | Page 2 |
| Schedule C | Page 2 |
| Schedule C | Page 3 |
| Schedule D | Page 2 |
| Schedule D | Page 3 |
| Schedule G | Page 2 |
| Schedule G | Page 3 |

| Schedule | Pages that Repeat |
|----------|-------------------|
| Schedule G | Page 4 |
| Schedule SSA | Page 2 |

Please note the **Occurrence of Page Number** (the sequential order) is determined by the order of the page number of the Schedule's place in the **filing** and NOT its place in the batch.  For instance, if the first **filing** in a batch contained five instances of page 2 of Schedule SSA, their respective values for the Occurrence of Page Number field would be 0001, 0002, 0003, 0004, and 0005.  And if the next filing instances of page 2 of Schedule SSA, their Occurrence of Page Number values would be 0001 and 0002 (i.e., the sequential numbering restarts for each filing).

Notes to Sections 5 through 19:

❑ The character "b" is used to indicate that the entire field may be omitted from the variable-formatted filing. Fields that cannot be blank include the following:

• Form 5500, page 2: Fields 0620, 0660, and 0680;

❑ The record terminus character does NOT have a field number.

❑ Revisions are noted by bold type and gray shading.

# 5. Form 5500

**Form 5500, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | b; Format: YYYYMMDD. Must be valid date. |
| 0110 | Plan Year Ending Date | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Entity Type | A | 1 | A/N | b; 1=Multi-employer plan; 2=Single-employer plan (other than a multiple-employer plan); 3=Multiple-employer plan; 4=DFE (Direct Filing Entity). |
| 0130 | Specify Type of Direct Filing Entity | A(4) | 1 | A/N | b; Unsigned. Valid values = C, E, G, M, and P. |
| 0140 | Type of Filing [1 indicator] | B [1] | 1 | A/N | b; 1=First return/report filed for the plan. |
| 0150 | Type of Filing [2 indicator] | B [2] | 1 | A/N | b; 2=Amended return/report. |
| 0160 | Type of Filing [3 indicator] | B [3] | 1 | A/N | b; 3=Final return/report filed for the plan. |
| 0170 | Type of Filing [4 indicator] | B [4] | 1 | A/N | b; 4=Short plan year return/report (less than 12 months). |
| 0180 | Collectively-bargained Indicator | C | 1 | A/N | b; 1=Collectively-bargained plan box checked. |
| 0190 | Filing Under an Extension of Time or the DFVC Program - Check Box | D | 1 | A/N | b; 1=Filer indicates extension application attached. |

**Form 5500, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0200 | Name of Plan | 1a | 140 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0210 | Three Digit Plan Number | 1b | 3 | N | Unsigned. 001-999. |
| 0220 | Effective Date of Plan | 1c | 8 | N | b; Numerics. (YYYY or YYYYMM are valid.) If present, YYYY must not be greater than the YEAR of Plan Year Ending Date. If MM (month) is present, must be a valid month. If DD (day) is present, must be a valid day. |
| 0230 | Plan Sponsor's Name | 2a Name | 71 | A/N | **b**; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0240 | Plan Sponsor's Doing Business As (DBA) Name | 2a DBA Name | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0250 | Plan Sponsor's Care/Of Name | 2a c/o Name | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0260 | Plan Sponsor's Mailing Street Address (or Foreign Street) | 2a Mailing Address | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0270 | Plan Sponsor's Location Address | 2a Location Address | 71 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |

**Form 5500, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0280 | Sponsor's Foreign Routing Code (Zip Code) | 2a Zip | 15 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0290 | Sponsor's Foreign Mailing Country | 2a Foreign Country | 22 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0300 | Plan Sponsor's City (or Foreign City) | 2a City | 22 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0310 | Plan Sponsor's State | 2a State | 2 | A/N | b; For foreign addresses, must be ".b." For all other addresses, must be valid State abbreviation. |
| 0320 | Plan Sponsor's Zip Code | 2a Zip | 12 | N | b; For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left-justified and zero-filled. Leading zeroes must be retained. |
| 0330 | Employer Identification Number | 2b | 9 | N | Unsigned. |
| 0340 | Sponsor Telephone Number | 2c | 10 | N | Unsigned. Numerics only. |
| 0350 | Business Code | 2d | 6 | N | b; Unsigned. |
| 0360 | Plan Administrator Typed Signature | Typed Signature | 35 | A/N | |
| 0370 | Plan Sponsor Typed Signature | Typed Signature | 35 | A/N | |
| | Terminus Character | NA | 1 | | Value = "#" |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0390 | Administrator Name | 3a Name | 71 | A/N | b; Name of Plan Administrator or "SAME" if Plan Sponsor is Plan Administrator. Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0400 | Plan Administrator's Care/Of Name | 3a c/o Name | 35 | A/N | b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0410 | Administrator Street Address (or Foreign Street) | 3a Street Address | 35 | A/N | b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0420 | Administrator's Foreign Routing Code | 3a foreign code | 15 | A/N | b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0430 | Administrator's Foreign Mailing Country | 3a Foreign Country | 22 | A/N | b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0440 | Administrator City (or Foreign City) | 3a City | 22 | A/N | b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0450 | Administrator State | 3a State | 2 | A/N | b; Blank if Administrator's Name entry (3a name) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0460 | Administrator Zip Code | 3a Zip | 12 | N | b; Unsigned. Blank if Administrator's Name entry (3a name) is "SAME." For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left-justified and zero-filled. Leading zeroes must be retained. |
| 0470 | Administrator EIN | 3b | 9 | N | b; Unsigned. Blank if Administrator's Name entry (3a name) is "SAME." |
| 0480 | Administrator Telephone Number | 3c | 10 | N | Unsigned. Blank if Administrator's Name entry (3a name) is "SAME." Numerics only. |
| 0490 | Sponsor Name From Last Return/Report | 4a | 70 | A/N | |
| 0500 | Sponsor EIN From Last Return/Report | 4b | 9 | N | Unsigned. |
| 0510 | Sponsor Plan Number From Last Return/Report | 4c | 3 | N | Unsigned. |
| 0520 | Preparer Name 1 | 5a Name 1 | 35 | A/N | |
| 0530 | Preparer Name 2 | 5a Name 2 | 35 | A/N | |
| 0540 | Preparer Street Address (or Foreign Street) | 5a Address | 35 | A/N | |
| 0550 | Preparer Foreign Routing Code | 5a Foreign Code | 15 | A/N | |
| 0560 | Preparer Foreign Mailing Country | 5a Foreign Country | 22 | A/N | |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0570 | Preparer City (or Foreign City) | 5a City | 22 | A/N | |
| 0580 | Preparer State | 5a State | 2 | A/N | |
| 0590 | Preparer Zip Code | 5a Zip | 12 | N | Unsigned. |
| 0600 | Preparer EIN | 5b | 9 | N | Unsigned. |
| 0610 | Preparer Telephone Number | 5c | 10 | N | b; Unsigned.  Numerics only. |
| 0620 | Number of Participants Covered Under Plan | 6 | 8 | N | Unsigned |
| 0630 | Active Participants | 7a | 8 | N | b; Unsigned |
| 0640 | Retired or Separated Participants Receiving Benefits | 7b | 8 | N | b; Unsigned |
| 0650 | Other Retired or Separated Vested Participants | 7c | 8 | N | b; Unsigned |
| 0660 | Subtotal of 7a, 7b, and 7c | 7d | 8 | N | Unsigned |
| 0670 | Deceased Participants Whose Beneficiaries are Receiving/Entitled to Benefits | 7e | 8 | N | b; Unsigned |
| 0680 | Total of 7d and 7e | 7f | 8 | N | Unsigned |
| 0690 | Number of Participants With Account Balances | 7g | 8 | N | b; Unsigned |
| 0700 | Participants That Terminated Employment With Accrued Pension Benefits | 7h | 8 | N | b; Unsigned |
| 0710 | Number of Separated Participants Required to be Reported On Schedule SSA | 7i | 8 | N | b; Unsigned |
| 0720 | Pension Benefit Box | 8a check box | 1 | A/N | b; 1=Box checked; must be 1 if the fields for 8a 1st box through 10th box contain any codes. |
| 0730 | Pension Benefit Codes [1st box indicator] | 8a 1st box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H.  Each code can appear only once for 8a 1st box through 8a 10th box. |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0740 | Pension Benefit Codes [2nd box indicator] | 8a 2nd box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0750 | Pension Benefit Codes [3rd box indicator] | 8a 3rd box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0760 | Pension Benefit Codes [4th box indicator] | 8a 4th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0770 | Pension Benefit Codes [5th box indicator] | 8a 5th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0780 | Pension Benefit Codes [6th box indicator] | 8a 6th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0790 | Pension Benefit Codes [7th box indicator] | 8a 7th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0800 | Pension Benefit Codes [8th box indicator] | 8a 8th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0810 | Pension Benefit Codes [9th box indicator] | 8a 9th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0820 | Pension Benefit Codes [10th box indicator] | 8a 10th box | 2 | A/N | b; Valid values: 1A; 1B; 1C; 1D; 1E; 1F; 1G; 1H; 2A; 2B; 2C; 2D; 2E; 2F; 2G; 2H; 2I; 2J; 2K; 2L; 2M; 2N; 2O; 2P; 2Q; 2R; 3A; 3B; 3C; 3D; 3E; 3F; 3G; 3H. Each code can appear only once for 8a 1st box through 8a 10th box. |
| 0830 | Welfare Benefit Box | 8b check box | 1 | A/N | b; 1=Box checked; must be 1 if the fields for 8b 1st box through 10th box contain any codes. |
| 0840 | Welfare Benefit Codes [1st box indicator] | 8b 1st box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0850 | Welfare Benefit Codes [2nd box indicator] | 8b 2nd box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0860 | Welfare Benefit Codes [3rd box indicator] | 8b 3rd box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0870 | Welfare Benefit Codes [4th box indicator] | 8b 4th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0880 | Welfare Benefit Codes [5th box indicator] | 8b 5th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0890 | Welfare Benefit Codes [6th box indicator] | 8b 6th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0900 | Welfare Benefit Codes [7th box indicator] | 8b 7th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0910 | Welfare Benefit Codes [8th box indicator] | 8b 8th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0920 | Welfare Benefit Codes [9th box indicator] | 8b 9th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| 0930 | Welfare Benefit Codes [10th box indicator] | 8b 10th box | 2 | A/N | b; 4A; 4B; 4C; 4D; 4E; 4F; 4G; 4H; 4I; 4J; 4K; 4L; 4P; 4Q; 4R; 4S. Each code can occur only once for 8b 1st box through 8b 10th box. |
| **0940** | | | **1** | | **Not used for Plan Year 2002.** |
| 0950 | Plan Funding Arrangement [1 indicator] | 9a [1] | 1 | A/N | b; 1=Insurance |
| 0960 | Plan Funding Arrangement [2 indicator] | 9a [2] | 1 | A/N | b; 2=Section 412(i) insurance contracts |
| 0970 | Plan Funding Arrangement [3 indicator] | 9a [3] | 1 | A/N | b; 3=Trust |
| 0980 | Plan Funding Arrangement [4 indicator] | 9a [4] | 1 | A/N | b; 4=General assets of the sponsor |
| 0990 | Plan Benefit Arrangement [1 indicator] | 9b [1] | 1 | A/N | b; 1=Insurance |

**Form 5500, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1000 | Plan Benefit Arrangement [2 indicator] | 9b [2] | 1 | A/N | b; 2=Section 412(i) insurance contracts |
| 1010 | Plan Benefit Arrangement [3 indicator] | 9b [3] | 1 | A/N | b; 3=Trust |
| 1020 | Plan Benefit Arrangement [4 indicator] | 9b [4] | 1 | A/N | b; 4=General assets of the sponsor |
|  | Terminus Character | NA | 1 |  | Value = "#" |

**Form 5500, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 1040 | Schedule R Attached Indicator | 10a (1) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule R. |
| 1050 | Schedule T Attached Indicator | 10a (2) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule T. |
| 1060 | Schedule T Count | 10a (2 count) | 3 | N | b; Unsigned. Valid range: 001-999. |
| 1070 | Schedule T Not Attached As Plan Relying On Coverage Testing Information For Prior Year | 10a (2 year) | 4 | A/N | |
| 1080 | Schedule B Attached Indicator | 10a (3) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule B. |
| 1090 | Schedule E Attached Indicator | 10a (4) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule E. |
| 1100 | Schedule SSA Attached Indicator | 10a (5) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule SSA. |
| 1110 | Schedule H Attached Indicator | 10b (1) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule H. |
| 1120 | Schedule I Attached Indicator | 10b (2) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule I. |
| 1130 | Schedule A Attached Indicator | 10b (3) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule A. |
| 1140 | Schedule A Count | 10b (3 count) | 3 | N | b; Unsigned. Valid range: 001-999. |
| 1150 | Schedule C Attached Indicator | 10b (4) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule C. |
| 1160 | Schedule D Attached Indicator | 10b (5) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule D. |
| 1170 | Schedule G Attached Indicator | 10b (6) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule G. |
| 1180 | Schedule P Attached Indicator | 10b (7) | 1 | A/N | b; 1=Box checked; must be 1 if filing contains Schedule P. |
| 1190 | Schedule P Count | 10b (7 count) | 3 | N | b; Unsigned. Valid range: 001-999. |
| **1200** | | | **1** | | **Not used for Plan Year 2002.** |
| | Terminus Character | NA | 1 | | Value = "#" |

# 6. Form 5500-EZ

**Form 5500-EZ, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | b; Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | b; Format: YYYYMMDD. Must be a valid date. |
| 0120 | Type of Filing [1 indicator] | A [1] | 1 | A/N | b; 1=Initial |
| 0130 | Type of Filing [2 indicator] | A [2] | 1 | A/N | b; 2=Amended |
| 0140 | Type of Filing [3 indicator] | A [3] | 1 | A/N | b; 3=Final |
| 0150 | Type of Filing [4 indicator] | A [4] | 1 | A/N | b; 4=Short Plan |
| 0160 | Filing Under an Extension of Time or the DFVC Program - Check Box | B | 1 | A/N | b; 1=Box checked |
| 0170 | Name of Plan | 1a | 140 | A/N | b. |
| 0180 | Three-Digit Plan Number | 1b | 3 | N | b; Unsigned.  Valid range: 001-999. |
| 0190 | Effective Date of Plan | 1c | 8 | N | b; Numerics. (Format: YYYYMMDD or YYYY or YYYYMM.) If present, YYYY must not be greater than the YEAR of Tax Period End. If MM (month) is present, must be a valid month. If DD (day) is present, must be a valid day. |
| 0200 | Employer's Name | 2a-Name | 71 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0210 | Employer's Doing Business As (DBA) Name | 2a-DBA Name | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0220 | Employer's Care/Of Name | 2a-c/o Name | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |

**Form 5500-EZ, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0230 | Employer's Street Address (or Foreign Street) | 2a-Street | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0240 | Employer's Location Address | 2a-Location Address | 71 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0250 | Employer's Foreign Routing Code | 2a- Foreign Routing Code | 15 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0260 | Employer's Foreign Mailing Country | 2a-Foreign Country | 22 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0270 | Employer's City (or Foreign City) | 2a-City | 22 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0280 | Employer's State | 2a-State | 2 | A/N | b; For foreign addresses, must be ".b." For all other addresses, must be valid State abbreviation. |
| 0290 | Employer's Zip Code | 2a-Zip | 12 | N | b; Unsigned. For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left-justified and zero-filled. |
| 0300 | Employer Identification Number | 2b | 9 | N | Unsigned. |
| 0310 | Sponsor's Telephone Number | 2c | 10 | N | Unsigned. |
| 0320 | Business Code | 2d | 6 | N | Unsigned. |

**Form 5500-EZ, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0330 | Administrator Name | 3a-Name | 71 | A/N | b; Name of Plan Administrator or "SAME" if Plan Sponsor is Plan Administrator. Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0340 | Plan Administrator's Care/Of Name | 3a-c/o Name | 35 | A/N | b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0350 | Administrator Street Address (or Foreign Street) | 3a-Street | 35 | A/N | b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0360 | Administrator's Foreign Routing Code | 3a- Foreign Routing Code | 15 | A/N | b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0370 | Administrator's Foreign Mailing Country | 3a-Foreign Country | 22 | A/N | b; Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0380 | Administrator City (or Foreign City) | 3a-City | 22 | A/N | Blank if Administrator's Name entry (Field 0330) is "SAME." Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |

**Form 5500-EZ, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0390 | Administrator State | 3a-State | 2 | A/N | Blank if Administrator's Name entry (Field 0330) is "SAME." For foreign addresses, must be ".b." For all other addresses, must be valid State abbreviation. |
| 0400 | Administrator Zip Code | 3a-Zip | 12 | N | b; Blank if Administrator's Name entry (Field 0330) is "SAME" Unsigned. For domestic addresses, must be a valid zip code. For foreign addresses, must be blank. The Zip Code should be left justified and zero-filled. |
| 0410 | Administrator EIN | 3b | 9 | N | Blank if Administrator's Name entry (Field 0330) is "SAME" Unsigned. |
| 0420 | Administrator Telephone Number | 3c | 10 | N | Blank if Administrator's Name entry (Field 0330) is "SAME" Unsigned. |
| 0430 | Employer's Name From Last Return/Report | 4a-NAME | 70 | A/N | |
| 0440 | Employer's EIN From Last Return/Report | 4b-EIN | 9 | N | Unsigned. |
| 0450 | Employer's Plan Number From Last Return/Report | 4c-PN | 3 | N | Unsigned. |
| 0460 | Employer or Administrator Typed Signature | TYPED/ PRINTED NAME | 35 | A/N | |
| | Terminus Character | NA | 1 | | Value = "#" |

**Form 5500-EZ, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0480 | Preparer Name 1 | 5a-NAME 1 | 35 | A/N | |
| 0490 | Preparer Name 2 | 5a-NAME 2 | 35 | A/N | |
| 0500 | Preparer Street Address (or Foreign Street) | 5a-STREET | 35 | A/N | |
| 0510 | Preparer Foreign Routing Code | 5a-ROUTING CODE (FOREIGN) | 15 | A/N | |
| 0520 | Preparer Foreign Mailing Country | 5a-COUNTRY (FOREIGN) | 22 | A/N | |
| 0530 | Preparer City (or Foreign City) | 5a-CITY | 22 | A/N | |
| 0540 | Preparer State | 5a-STATE | 2 | A/N | |
| 0550 | Preparer Zip Code | 5a-ZIP | 12 | N | |
| 0560 | Preparer EIN | 5b | 9 | N | Unsigned. |
| 0570 | Preparer Telephone Number | 5c | 10 | N | |
| 0580 | Type of Plan | 6 | 6 | A/N | **b; A=Defined Benefit (other than 412(i)); B=Defined Benefit 412(i); C=Money purchase; D=Profit sharing; E= Stock bonus; F=ESOP.** |
| 0590 | Opinion/Notification Letter Number | 7a | 8 | A/N | |
| 0600 | Plan Covers | 7b | 1 | A/N | b; 1=Self-employed individuals; 2=Partner(s); 3=100% owner. |
| 0610 | Number of Qualified Pension Benefit Plans Maintained By Employer | 8a | 3 | N | b; Unsigned. |
| 0620 | Total Assets of All Plans Are More Than $100,000 | 8b | 1 | A/N | b; 1=Box checked. |
| 0630 | Number of Participants Under Age 59 1/2 at End of Plan Year | 9a | 3 | N | b; Unsigned. |
| 0640 | Number of Participants Age 59 1/2 or Older End of Year But Under Age 70 1/2 Beg. of Year | 9b | 3 | N | b; Unsigned. |
| 0650 | Number of Participants 70 1/2 or Older at Beginning of Plan Year | 9c | 3 | N | b; Unsigned. |

**Form 5500-EZ, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0660 | Fully Insured Plan Funded Entirely By Insurance or Annuity Contracts | 10a(i) | 1 | A/N | b; 1=Yes; 2=No. |
| 0670 | Insurance Contracts Held Under A Trust/With No Trust | 10a(ii) | 1 | A/N | b; 1=Under a trust; 2=With no trust. |
| 0680 | Cash Contributions Received By the Plan for This Plan Year | 10b | 13 | N | b; Signed. |
| 0690 | Non-cash Contributions Received By the Plan for This Plan Year | 10c | 13 | N | b; Signed. |
| 0700 | Total Plan Distributions to Participants or Beneficiaries | 10d | 13 | N | b; Signed. |
| 0710 | Total Nontaxable Plan Distributions to Participants or Beneficiaries | 10e | 13 | N | b; Signed. |
| 0720 | Transfers to Other Plans | 10f | 13 | N | b; Signed. |
| 0730 | Amounts Received By the Plan Other Than From Contributions | 10g | 13 | N | b; Signed. |
| 0740 | Plan Expenses Other Than Distributions | 10h | 13 | N | b; Signed. |
| 0750 | Total Plan Assets At the Beginning of the Year | 11a(a) | 13 | N | b; Signed. |
| 0760 | Total Plan Liabilities At the Beginning of the Year | 11b(a) | 13 | N | b; Unsigned. |
| 0770 | Total Plan Assets At the End of the Year | 11a(b) | 13 | N | b; Signed. |
| 0780 | Total Plan Liabilities At the End of the Year | 11b(b) | 13 | N | b; Unsigned. |
| 0790 | Partnership/Joint Venture Interests | 12a | 1 | A/N | b; 1=Yes; 2=No. |
| 0800 | Partnership/Joint Venture Interests - Amount | 12a-AMOUNT | 13 | N | b; Signed. |
| 0810 | Employer Real Property | 12b | 1 | A/N | b; 1=Yes; 2=No. |
| 0820 | Employer Real Property - Amount | 12b-AMOUNT | 13 | N | b; Signed. |
| 0830 | Real Estate (Other Than Employer Real Property) | 12c | 1 | A/N | b; 1=Yes; 2=No. |

**Form 5500-EZ, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0840 | Real Estate (Other Than Employer Real Property) - Amount | 12c-AMOUNT | 13 | N | b; Signed. |
| 0850 | Employer Securities | 12d | 1 | A/N | b; 1=Yes; 2=No. |
| 0860 | Employer Securities - Amount | 12d-AMOUNT | 13 | N | b; Signed. |
| 0870 | Participant Loans | 12e | 1 | A/N | b; 1=Yes; 2=No. |
| 0880 | Participant Loans - Amount | 12e-AMOUNT | 13 | N | b; Signed. |
| 0890 | Loans (Other Than To Participants) | 12f | 1 | A/N | b; 1=Yes; 2=No. |
| 0900 | Loans (Other Than To Participants) - Amount | 12f-AMOUNT | 13 | N | b; Signed. |
| 0910 | Tangible Personal Property | 12g | 1 | A/N | b; 1=Yes; 2=No. |
| 0920 | Tangible Personal Property - Amount | 12g-AMOUNT | 13 | N | b; Signed. |
|  | Terminus Character | NA | 1 |  | Value = "#" |

**Form 5500-EZ, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0940 | Sale, Exchange, or Lease of Property Transaction | 13a | 1 | A/N | b; 1=Yes; 2=No. |
| 0950 | Sale, Exchange, or Lease of Property Amount | 13a-AMOUNT | 13 | N | b; Signed. |
| 0960 | Payment By the Plan for Services Transaction | 13b | 1 | A/N | b; 1=Yes; 2=No. |
| 0970 | Payment By the Plan for Services Amount | 13b-AMOUNT | 13 | N | b; Signed. |
| 0980 | Acquisition or Holding of Employer Securities Transaction | 13c | 1 | A/N | b; 1=Yes; 2=No. |
| 0990 | Acquisition or Holding of Employer Securities Amount | 13c-AMOUNT | 13 | N | b; Signed. |
| 1000 | Loan or Extension of Credit Transaction | 13d | 1 | A/N | b; 1=Yes; 2=No. |
| 1010 | Loan or Extension of Credit Amount | 13d-AMOUNT | 13 | N | b; Signed. |
| 1020 | Business Has Any Employees Other Than You and Your Spouse | 14a | 1 | A/N | b; 1=Yes; 2=No. |
| 1030 | Total Number of Employees | 14b | 5 | N | b; Unsigned |
| 1040 | Plan Meet the Coverage Requirements of Code Section 410(b) | 14c | 1 | A/N | b; 1=Yes; 2=No. |
| 1050 | Plan Distribute Any Annuity Contracts This Plan Year | 15a | 1 | A/N | b; 1=Yes; 2=No. |
| 1060 | Plan Make Distributions to A Married Participant In A Form Other Than A Joint Annuity | 15b | 1 | A/N | b; 1=Yes; 2=No. |
| 1070 | Plan Make Loans to Married Participants | 15c | 1 | A/N | b; 1=Yes; 2=No. |
| | Terminus Character | NA | 1 | | Value = "#" |

# 7. Schedule A

**Schedule A, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Three-Digit Plan Number | B | 3 | N | Unsigned.  Valid range: "001-999." |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned |
| 0140 | Name of Insurance Carrier | 1a | 70 | A/N | |
| 0150 | EIN of Insurance Carrier | 1b | 9 | N | Unsigned |
| 0160 | NAIC Code | 1c | 5 | N | Unsigned |
| 0170 | Contract or Identification Number | 1d | 15 | A/N | |
| 0180 | Approximate Number of Persons Covered At End of Policy or Contract Year | 1e | 7 | N | Unsigned |
| 0190 | Policy or Contract Year (From Date) | 1f | 8 | A/N | b; Format: YYYYMMDD. Values = numerics or N/A (not applicable) |
| 0200 | Policy or Contract Year (To Date) | 1g | 8 | A/N | b; Format: YYYYMMDD. Values = numerics or N/A (not applicable) |
| 0210 | Total Amount of Commissions | 2 | 13 | N | b; Signed |
| 0220 | Total Amount of Fees | 2 | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule A, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0240 | Broker 1 Name | 2a Name 1 | 35 | A/N | |
| 0250 | Broker 1 Address | 2a Address 1 | 35 | A/N | |
| 0260 | Broker 1 City | 2a City 1 | 22 | A/N | |
| 0270 | Broker 1 State | 2a State 1 | 2 | A/N | |
| 0280 | Broker 1 Zip Code | 2a Zip 1 | 9 | N | Unsigned |
| 0290 | Amount of Commissions Paid - Broker 1 | 2b 1 | 13 | N | b; Signed |
| 0300 | Fees Paid - Broker 1 | 2c 1 | 13 | N | b; Signed |
| 0310 | Fees Paid - Purpose 1 | 2d 1 | 70 | A/N | |
| 0320 | Type of Organization Code - Broker 1 | 2e 1 | 1 | A/N | b; 1=Bank, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other. |
| 0330 | Broker 2 Name | 2a Name 2 | 35 | A/N | |
| 0340 | Broker 2 Address | 2a Address 2 | 35 | A/N | |
| 0350 | Broker 2 City | 2a City 2 | 22 | A/N | |
| 0360 | Broker 2 State | 2a State 2 | 2 | A/N | |
| 0370 | Broker 2 Zip Code | 2a Zip 2 | 9 | N | Unsigned |
| 0380 | Amount of Commissions Paid - Broker 2 | 2b 2 | 13 | N | Signed |
| 0390 | Fees Paid - Broker 2 | 2c 2 | 13 | N | Signed |
| 0400 | Fees Paid - Purpose 2 | 2d 2 | 70 | A/N | |

**Schedule A, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0410 | Type of Organization Code - Broker 2 | 2e 2 | 1 | A/N | b; 1=Bank, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other. |
| 0420 | Broker 3 Name | 2a Name 3 | 35 | A/N | |
| 0430 | Broker 3 Address | 2a Address 3 | 35 | A/N | |
| 0440 | Broker 3 City | 2a City 3 | 22 | A/N | |
| 0450 | Broker 3 State | 2a State 3 | 2 | A/N | |
| 0460 | Broker 3 Zip Code | 2a Zip 3 | 9 | N | Unsigned |
| 0470 | Amount of Commissions Paid - Broker 3 | 2b 3 | 13 | N | Signed |
| 0480 | Fees Paid - Broker 3 | 2c 3 | 13 | N | Signed |
| 0490 | Fees Paid - Purpose 3 | 2d 3 | 70 | A/N | |
| 0500 | Type of Organization Code - Broker 3 | 2e 3 | 1 | A/N | b; 1=Bank, Savings & Loan Association, Credit Union, or other similar financial institution; 2=Trust company; 3=Insurance Agent or Broker; 4=Agent or Broker other than insurance; 5=Third party administrator; 6=Investment company/Mutual Fund; 7=Investment Manager/Adviser; 8=Labor union; 9=Foreign entity; 0=Other. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule A, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0520 | Current Value of Plan Interest In the General Account At Year End | 3 | 13 | N | b; Signed |
| 0530 | Current Value of Plan's Interest In Separate Accounts At Year End | 4 | 13 | N | b; Signed |
| 0540 | State the Basis of Premium Rates | 5a | 35 | A/N | |
| 0550 | Premiums Paid To Carrier | 5b | 13 | N | b; Signed |
| 0560 | Premiums Due But Unpaid At The End Of The Year | 5c | 13 | N | b; Signed |
| 0570 | Carrier Incurred Any Specific Costs In Connection With The Acquisition Of The Contract | 5d | 13 | N | b; Signed |
| 0580 | Specify Nature of Costs | 5d-TEXT | 35 | A/N | |
| 0590 | Specify Type of Allocated Contract [1 indicator] | 5e [1] | 1 | A/N | b; 1=Individual policies. |
| 0600 | Specify Type of Allocated Contract [2 indicator] | 5e [2] | 1 | A/N | b; 2=Group deferred annuity contracts. |
| 0610 | Specify Type of Allocated Contract [3 indicator] | 5e [3] | 1 | A/N | b; 3=Other. |
| 0620 | Specify Other Type of Allocated Contract | 5e | 35 | A/N | |
| 0630 | If Contract Purchased To Distribute Benefits From A Terminating Plan Check Box | 5f | 1 | A/N | b; 1=Box checked. |
| 0640 | Type of Unallocated Contract [1 indicator] | 6a | 1 | A/N | b; 1=Deposit Administration. |
| 0650 | Type of Unallocated Contract [2 indicator] | 6a | 1 | A/N | b; 2=Immediate participation guarantee. |
| 0660 | Type of Unallocated Contract [3 indicator] | 6a | 1 | A/N | b; 3=Guaranteed investment contracts. |
| 0670 | Type of Unallocated Contract [4 indicator] | 6a | 1 | A/N | b; 4=Other. |
| 0680 | Specify Other Type of Unallocated Contract | 6a(4)-TEXT | 35 | A/N | |
| 0690 | Balance at End of Previous Year | 6b | 13 | N | b; Signed |
| 0700 | Contributions Deposited During The Year | 6c(i) | 13 | N | b; Signed |
| 0710 | Dividends and Credits | 6c(ii) | 13 | N | b; Signed |

**Schedule A, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0720 | Interest Credited During the Year | 6c(iii) | 13 | N | b; Signed |
| 0730 | Transferred from Separate Accounts | 6c(iv) | 13 | N | b; Signed |
| 0740 | Specify Other Additions Amount | 6c(v)-AMOUNT | 13 | N | b; Signed |
| 0750 | Specify Other Additions Text | 6c(v)-TEXT | 35 | A/N | |
| 0760 | Total Additions | 6c(vi) | 13 | N | b; Signed |
| 0770 | Total of Balance and Additions | 6d | 13 | N | b; Signed |
| 0780 | Disbursed From Fund To Pay Benefits or Purchase Annuities | 6e(i) | 13 | N | b; Signed |
| 0790 | Administration Charge Made by Carrier | 6e(ii) | 13 | N | b; Signed |
| 0800 | Transferred to Separate Accounts | 6e(iii) | 13 | N | b; Signed |
| 0810 | Specify Other Deductions Amount | 6e(iv)-AMOUNT | 13 | N | b; Signed |
| 0820 | Specify Other Deductions Text | 6e(iv)-TEXT | 35 | A/N | |
| 0830 | Total Deductions | 6e(v) | 13 | N | b; Signed |
| 0840 | Balance at End of Year | 6f | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule A, Page 4**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0860 | Benefit and Contract Type [A indicator] | 7 [A] | 1 | A/N | b; A=Health (other than dental or vision). |
| 0870 | Benefit and Contract Type [B indicator] | 7 [B] | 1 | A/N | b; B=Dental. |
| 0880 | Benefit and Contract Type [C indicator] | 7 [C] | 1 | A/N | b; C=Vision. |
| 0890 | Benefit and Contract Type [D indicator] | 7 [D] | 1 | A/N | b; D=Life insurance. |
| 0900 | Benefit and Contract Type [E indicator] | 7 [E] | 1 | A/N | b; E=Temporary disability. |
| 0910 | Benefit and Contract Type [F indicator] | 7 [F] | 1 | A/N | b; F=Long-term disability. |
| 0920 | Benefit and Contract Type [G indicator] | 7 [G] | 1 | A/N | b; G=Supplemental unemployment. |
| 0930 | Benefit and Contract Type [H indicator] | 7 [H] | 1 | A/N | b; H=Prescription drug. |
| 0940 | Benefit and Contract Type [I indicator] | 7 [I] | 1 | A/N | b; I=Stop loss. |
| 0950 | Benefit and Contract Type [J indicator] | 7 [J] | 1 | A/N | b; J=HMO contract. |
| 0960 | Benefit and Contract Type [K indicator] | 7 [K] | 1 | A/N | b; K=PPO contract. |
| 0970 | Benefit and Contract Type [L indicator] | 7 [L] | 1 | A/N | b; L=Indemnity contract. |
| 0980 | Benefit and Contract Type [M indicator] | 7 [M] | 1 | A/N | b; M=Other. |
| 0990 | Specify Other Benefit and Contract Types | 7(m)-TEXT | 35 | A/N | |
| 1000 | Premiums Received | 8a(i) | 13 | N | b; Signed |
| 1010 | Increase (Decrease) in Amount Due But Unpaid | 8a(ii) | 13 | N | b; Signed |
| 1020 | Increase (Decrease) in Unearned Premium Reserve | 8a(iii) | 13 | N | b; Signed |
| 1030 | Total Premiums | 8a(iv) | 13 | N | b; Signed |
| 1040 | Claims Paid | 8b(i) | 13 | N | b; Signed |
| 1050 | Increase (Decrease) in Claim Reserves | 8b(ii) | 13 | N | b; Signed |
| 1060 | Incurred Claims | 8b(iii) | 13 | N | b; Signed |
| 1070 | Claims Charged | 8b(iv) | 13 | N | b; Signed |
| 1080 | Retention Charges - Commissions | 8c(i)A | 13 | N | b; Signed |

**Schedule A, Page 4**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1090 | Retention Charges - Administrative Service or Other Fees | 8c(i)B | 13 | N | b; Signed |
| 1100 | Retention Charges - Other Specific Acquisition Costs | 8c(i)C | 13 | N | b; Signed |
| 1110 | Retention Charges - Other Expenses | 8c(i)D | 13 | N | b; Signed |
| 1120 | Retention Charges - Taxes | 8c(i)E | 13 | N | b; Signed |
| 1130 | Retention Charges - Charges for Risks or Other Contingencies | 8c(i)F | 13 | N | b; Signed |
| 1140 | Retention Charges - Other Retention Charges | 8c(i)G | 13 | N | b; Signed |
| 1150 | Total Retention Charges | 8c(i)H | 13 | N | b; Signed |
| 1160 | Dividends or Retroactive Rate Refunds | 8c(ii)-BOX | 1 | A/N | b; 1=Paid in cash; 2=Credited; 3=Both. |
| 1170 | Dividend or Retroactive Rate Refunds - Amount | 8c(ii)-AMOUNT | 13 | N | b; Signed |
| 1180 | Amount Held to Provide Benefits After Retirement | 8d(i) | 13 | N | b; Signed |
| 1190 | Claim Reserves | 8d(ii) | 13 | N | b; Signed |
| 1200 | Other Reserves | 8d(iii) | 13 | N | b; Signed |
| 1210 | Dividends or Retroactive Rate Refunds Due | 8e | 13 | N | b; Signed |
| 1220 | Total Premiums or Subscription Charges Paid to Carrier | 9a | 13 | N | b; Signed |
| 1230 | Other Specific Costs Incurred With the Acquisition or Retention of the Contract | 9b | 13 | N | b; Signed |
| 1240 | Specify Nature of Costs | 9b-TEXT | 105 | A/N | |
| | Terminus Character | NA | 1 | | Value = "#" |

# 8. Schedule B

**Schedule B, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned.  Valid range: 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned |
| 0140 | Type of Plan | E | 1 | A/N | b; 1=Single employer; 2=Multi-employer; 3=Multiple employer. |
| 0150 | 100 or Fewer Participants In Prior Plan Year Box | F | 1 | A/N | b; 1=Box checked. |
| 0160 | Actuarial Valuation Date | 1a | 8 | N | b; Format: YYYYMMDD |
| 0170 | Current Value of Assets | 1b(1) | 13 | N | b; Signed |
| 0180 | Actuarial Value of Assets For Funding Standard Account | 1b(2) | 13 | N | b; Signed |
| 0190 | Accrued Liability For Plans Using Immediate Gain Methods | 1c(1) | 13 | N | b; Signed |
| 0200 | Unfunded Liability for Methods with Bases | 1c(2)(a) | 13 | N | b; Signed |
| 0210 | Accrued Liability Under Entry Age Normal Method | 1c(2)(b) | 13 | N | b; Signed |
| 0220 | Normal Cost Under Entry Age Normal Method | 1c(2)(c) | 13 | N | b; Signed |
| 0230 | Print/Type Name of Actuary | TYPED NAME | 35 | A/N | |
| 0240 | Most Recent Enrollment Number | G | **7** | N | b; Must be greater than zero. First two significant digits must equal 99 for plan years 1999, 2000, and 2001; first two significant digits must equal 02 for plan years 2002, 2003, and 2004. |
| 0250 | Firm Name of Actuary | FIRM | 35 | A/N | |
| 0260 | Telephone Number of Actuary Firm | PHONE | 10 | N | b; Unsigned |
| 0270 | Address of Actuary Firm | ADDRESS | 35 | A/N | |
| 0280 | City of Actuary Firm | CITY | 20 | A/N | |
| 0290 | State of Actuary Firm | STATE | 2 | A/N | |

**Schedule B, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0300 | Zip Code of Actuary Firm | ZIP | 9 | N | Unsigned |
| 0310 | Actuary Not Fully Reflected Any Regulation/Ruling Promulgated Under Statute Box | BOX | 1 | A/N | b; 1=No ruling. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule B, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|------|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0330 | Amount Excluded from Current Liability Attributable To Pre-Participation Service | 1d(1) | 13 | N | b; Signed |
| 0340 | Current Liability - RPA 94 | 1d(2)(a) | 13 | N | b; Signed |
| 0350 | Expected Increase In Current Liability - RPA 94 | 1d(2)(b) | 13 | N | b; Signed |
| 0360 | Current Liability Computed At Highest Allowable Interest Rate - RPA 94 | 1d(2)(c) | 13 | N | b; Signed |
| 0370 | Expected Release from "RPA '94" Current Liability - RPA 94 | 1d(2)(d) | 13 | N | b; Signed |
| 0380 | Current Liability - OBRA 87 | 1d(3)(a) | 13 | N | b; Signed |
| 0390 | Expected Increase In Current Liability - OBRA 87 | 1d(3)(b) | 13 | N | b; Signed |
| 0400 | Expected Release From "OBRA '87" Current Liability - OBRA 87 | 1d(3)(c) | 13 | N | b; Signed |
| 0410 | Expected Plan Disbursements for the Plan Year | 1d(4) | 13 | N | b; Signed |
| 0420 | Current Value of the Assets | 2a | 13 | N | b; Signed |
| 0430 | Retired - Number | 2b(1)(1) | 8 | N | b; Unsigned |
| 0440 | Retired - Vested | 2b(1)(2) | 13 | N | b; Signed |
| 0450 | Retired - Total | 2b(1)(3) | 13 | N | b; Signed |
| 0460 | Terminated - Number | 2b(2)(1) | 8 | N | b; Unsigned |
| 0470 | Terminated - Vested | 2b(2)(2) | 13 | N | b; Signed |
| 0480 | Terminated - Total | 2b(2)(3) | 13 | N | b; Signed |
| 0490 | Active - Number | 2b(3)(1) | 8 | N | b; Unsigned |
| 0500 | Active - Vested | 2b(3)(2) | 13 | N | b; Signed |
| 0510 | Active - Total | 2b(3)(3) | 13 | N | b; Signed |
| 0520 | Total - Number | 2b(4)(1) | 8 | N | b; Unsigned |
| 0530 | Total - Vested | 2b(4)(2) | 13 | N | b; Signed |
| 0540 | Total - Total Benefits | 2b(4)(3) | 13 | N | b; Signed |
| 0550 | Percentage Less Than 70% Test | 2c | 4 | N | b; Unsigned; Numerics with two implied decimals. |
| 0560 | Contribution Date 1 | 3a-1 | 8 | N | b; Format: YYYYMMDD |
| 0570 | Employer Contribution 1 | 3b-1 | 13 | N | b; Signed |
| 0580 | Employee Contribution 1 | 3c-1 | 13 | N | b; Signed |
| 0590 | Contribution Date 2 | 3a-2 | 8 | N | b; Format: YYYYMMDD |
| 0600 | Employer Contribution 2 | 3b-2 | 13 | N | b; Signed |

**Schedule B, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0610 | Employee Contribution 2 | 3c-2 | 13 | N | b; Signed |
| 0620 | Contribution Date 3 | 3a-3 | 8 | N | b; Format: YYYYMMDD |
| 0630 | Employer Contribution 3 | 3b-3 | 13 | N | b; Signed |
| 0640 | Employee Contribution 3 | 3c-3 | 13 | N | b; Signed |
| 0650 | Contribution Date 4 | 3a-4 | 8 | N | b; Format: YYYYMMDD |
| 0660 | Employer Contribution 4 | 3b-4 | 13 | N | b; Signed |
| 0670 | Employee Contribution 4 | 3c-4 | 13 | N | b; Signed |
| 0680 | Contribution Date 5 | 3a-5 | 8 | N | b; Format: YYYYMMDD |
| 0690 | Employer Contribution 5 | 3b-5 | 13 | N | b; Signed |
| 0700 | Employee Contribution 5 | 3c-5 | 13 | N | b; Signed |
| 0710 | Contribution Date 6 | 3a-6 | 8 | N | b; Format: YYYYMMDD |
| 0720 | Employer Contribution 6 | 3b-6 | 13 | N | b; Signed |
| 0730 | Employee Contribution 6 | 3c-6 | 13 | N | b; Signed |
| 0740 | Contribution Date 7 | 3a-7 | 8 | N | b; Format: YYYYMMDD |
| 0750 | Employer Contribution 7 | 3b-7 | 13 | N | b; Signed |
| 0760 | Employee Contribution 7 | 3c-7 | 13 | N | b; Signed |
| 0770 | Contribution Date 8 | 3a-8 | 13 | N | b; Format: YYYYMMDD |
| 0780 | Employer Contribution 8 | 3b-8 | 13 | N | b; Signed |
| 0790 | Employee Contribution 8 | 3c-8 | 13 | N | b; Signed |
| 0800 | Contribution Date 9 | 3a-9 | 8 | N | b; Format: YYYYMMDD |
| 0810 | Employer Contribution 9 | 3b-9 | 13 | N | b; Signed |
| 0820 | Employee Contribution 9 | 3c-9 | 13 | N | b; Signed |
| 0830 | Contribution Date 10 | 3a-10 | 8 | N | b; Format: YYYYMMDD |
| 0840 | Employer Contribution 10 | 3b-10 | 13 | N | b; Signed |
| 0850 | Employee Contribution 10 | 3c-10 | 13 | N | b; Signed |
| 0860 | Contribution Date 11 | 3a-11 | 8 | N | b; Format: YYYYMMDD |
| 0870 | Employer Contribution 11 | 3b-11 | 13 | N | b; Signed |
| 0880 | Employee Contribution 11 | 3c-11 | 13 | N | b; Signed |
| 0890 | Contribution Date 12 | 3a-12 | 8 | N | b; Format: YYYYMMDD |
| 0900 | Employer Contribution 12 | 3b-12 | 13 | N | b; Signed |
| 0910 | Employee Contribution 12 | 3c-12 | 13 | N | b; Signed |
| 0920 | Contribution Date 13 | 3a-13 | 8 | N | b; Format: YYYYMMDD |
| 0930 | Employer Contribution 13 | 3b-13 | 13 | N | b; Signed |
| 0940 | Employee Contribution 13 | 3c-13 | 13 | N | b; Signed |
| 0950 | Contribution Date 14 | 3a-14 | 8 | N | b; Format: YYYYMMDD |
| 0960 | Employer Contribution 14 | 3b-14 | 13 | N | b; Signed |
| 0970 | Employee Contribution 14 | 3c-14 | 13 | N | b; Signed |
| 0980 | Contribution Date 15 | 3a-15 | 8 | N | b; Format: YYYYMMDD |
| 0990 | Employer Contribution 15 | 3b-15 | 13 | N | b; Signed |
| 1000 | Employee Contribution 15 | 3c-15 | 13 | N | b; Signed |
| 1010 | Total Employer Contributions | 3b-TOTAL | 13 | N | b; Signed |
| 1020 | Total Employee Contributions | 3c-TOTAL | 13 | N | b; Signed |

**Schedule B, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 1030 | Plans Other Than Multiemployer Plans, Enter Funded Current Liability Percentage | 4a | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 1040 | 1st Quarter Liquidity Shortfall | 4b(1) | 13 | N | b; Signed |
| 1050 | 2nd Quarter Liquidity Shortfall | 4b(2) | 13 | N | b; Signed |
| 1060 | 3rd Quarter Liquidity Shortfall | 4b(3) | 13 | N | b; Signed |
| 1070 | 4th Quarter Liquidity Shortfall | 4b(4) | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 1090 | Actuarial Cost Method Used As Basis For Plan Year's Funding Standard Account Computation | 5 | 1 | A/N | b; A=Attained age normal; B=Entry age normal; C=Accrued benefit (unit credit); D=Aggregate; E=Frozen initial liability; F=Individual level premium; G=Individual aggregate; H=Other. |
| 1100 | Specify Other Actuarial Cost Method | 5h-TEXT | 35 | A/N | |
| 1110 | Has A Change Been Made In Funding Method for this Plan Year | 5i | 1 | A/N | b; 1=Yes; 2=No. |
| 1120 | Change Pursuant to Revenue Procedure 95-51 | 5j | 1 | A/N | b; 1=Yes; 2=No. |
| 1130 | Date of Ruling Letter Approving the Change in Funding Method | 5k | 8 | N | b; Format: YYYYMMDD |
| 1140 | RPA '94 Current Liability Interest Rates | 6a(1) | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1150 | RPA '94 Current Liability Interest Rates Indicator | 6a(1)-indicator | 1 | A/N | b; 1=Not applicable. |
| 1160 | OBRA '87 Current Liability Interest Rates | 6a(2) | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1170 | OBRA '87 Current Liability Interest Rates Indicator | 6a(2)-indicator | 1 | A/N | b; 1=Not applicable. |
| 1180 | Weighted Average Retirement Age | 6b | 2 | N | b; Unsigned |
| 1190 | Weighted Average Retirement Age Indicator | 6b-indicator | 1 | A/N | b; 1=Not applicable. |
| 1200 | Rates Specified In Insurance or Annuity Contracts - Pre-Retirement | 6c-PRE | 1 | A/N | b; 1=Yes; 2=No; 3=Not applicable. |
| 1210 | Rates Specified In Insurance or Annuity Contracts - Post-Retirement | 6c-POST | 1 | A/N | b; 1=Yes; 2=No; 3=Not applicable. |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1220 | Mortality Males - Pre-retirement | 6d(1)-PRE | 7 | A/N | b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /. |
| 1230 | Mortality Males - Post-retirement | 6d(1)-POST | 7 | A/N | b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /. |
| 1240 | Mortality Females - Pre-retirement | 6d(2)-PRE | 7 | A/N | b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /. |
| 1250 | Mortality Females - Post-retirement | 6d(2)-POST | 7 | A/N | b; 1=1951 Group Annuity; 2=1971 Group Annuity Mortality (G.A.M.); 3=1971 Individual Annuity Mortality (I.A.M.); 4=UP-1984; 5=1983 I.A.M.; 6=1983 G.A.M.; 7=1983 G.A.M. (solely per Rev. Rul. 95-28); 8=UP-1994; 9=Other; 0=None; F=Female; M=Male; NA=Not applicable; N/A=Not applicable; P=Projection year; +; -; /. |
| 1260 | Valuation Liability Interest Rate - Pre-retirement | 6e-PRE | 4 | N | b; Unsigned. Numerics with two implied decimals. |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1270 | Valuation Liability Interest Rate - Pre-retirement Indicator | 6e-PRE-indicator | 1 | A/N | b; 1=Not applicable. |
| 1280 | Valuation Liability Interest Rate - Post-retirement | 6e-POST | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1290 | Valuation Liability Interest Rate - Post-retirement Indicator | 6e-POST-indicator | 1 | A/N | b; 1=Not applicable. |
| 1300 | Expense Loading - Pre-retirement | 6f-PRE | 4 | N | b; Unsigned. Numerics with one implied decimals. |
| 1310 | Expense Loading - Pre-retirement Indicator | 6f-PRE-indicator | 1 | A/N | b; 1=Not applicable. |
| 1320 | Expense Loading - Post-retirement | 6f-POST | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 1330 | Expense Loading - Post-retirement Indicator | 6f-POST-indicator | 1 | A/N | b; 1=Not applicable. |
| 1340 | Withdrawal Age 25 - Male Rate Code | Withdrawal Age 25 - Male | 1 | A/N | b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service. |
| 1350 | Withdrawal Age 25 - Male | Withdrawal Age 25 - Male | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1360 | Withdrawal Age 25 - Female Rate Code | 6g(1)-FEMALE RATE CODE | 1 | A/N | b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service. |
| 1370 | Withdrawal Age 25 - Female | 6g(1)-FEMALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1380 | Withdrawal Age 40 - Male Rate Code | 6g(2)-MALE RATE CODE | 1 | A/N | b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service. |
| 1390 | Withdrawal Age 40 - Male | 6g(2)-MALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1400 | Withdrawal Age 40 - Female Rate Code | 6g(2)-FEMALE RATE CODE | 1 | A/N | b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service. |
| 1410 | Withdrawal Age 40 - Female | 6g(2)-FEMALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1420 | Withdrawal Age 55 - Male Rate Code | 6g(3)-MALE RATE CODE | 1 | A/N | b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service. |
| 1430 | Withdrawal Age 55 - Male | 6g(3)-MALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1440 | Withdrawal Age 55 - Female Rate Code | 6g(3)-FEMALE RATE CODE | 1 | A/N | b; C=Criteria other than service apply to the rates used; N=Not applicable; S=Rate is different for participants with the same age but longer service; U=All participants of that age are assumed to experience the same withdrawal rates, regardless of service. |
| 1450 | Withdrawal Age 55 - Female | 6g(3)-FEMALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1460 | Salary Scale - Male | 6h-MALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1470 | Salary Scale - Male Indicator | 6h-MALE-indicator | 1 | A/N | b; 1=Not applicable. |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1480 | Salary Scale - Female | 6h-FEMALE | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 1490 | Salary Scale - Female Indicator | 6h-FEMALE-indicator | 1 | A/N | b; 1=Not applicable. |
| 1500 | Estimated Investment Return On Actuarial Value of Assets for the Year Ending | 6i | 5 | N | b; Signed. Numerics with one implied decimal. |
| 1510 | Amortization Bases - Type of Base 1 | 7(1)-BASE 1 | 1 | A/N | b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=155% current liability full funding limitation base. |
| 1520 | Amortization Bases - Initial Balance | 7(2)-balance 1 | 13 | N | b; Signed. |
| 1530 | Amortization Bases - Amortization Charge/Credit 1 | 7(3)-CHARGE 1 | 13 | N | b; Signed. |
| 1540 | Amortization Bases - Type of Base 2 | 7(1)-BASE 2 | 1 | A/N | b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=155% current liability full funding limitation base. |
| 1550 | Amortization Bases - Initial Balance 2 | 7(2)-balance 2 | 13 | N | b; Signed. |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1560 | Amortization Bases - Amortization Charge/Credit 2 | 7(3)-charge 2 | 13 | N | b; Signed. |
| 1570 | Amortization Bases - Type of Base 3 | 7(1)-BASE 3 | 1 | A/N | b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=155% current liability full funding limitation base. |
| 1580 | Amortization Bases - Initial Balance 3 | 7(2)-balance 3 | 13 | N | b; Signed. |
| 1590 | Amortization Bases - Amortization Charge/Credit 3 | 7(3)-charge 3 | 13 | N | b; Signed. |
| 1600 | Amortization Bases - Type of Base 4 | 7(1)-BASE 4 | 1 | A/N | b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=155% current liability full funding limitation base. |
| 1610 | Amortization Bases - Initial Balance 4 | 7(2)-balance 4 | 13 | N | b; Signed. |
| 1620 | Amortization Bases - Amortization Charge/Credit 4 | 7(3)-charge 4 | 13 | N | b; Signed. |

**Schedule B, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1630 | Amortization Bases - Type of Base 5 | 7(1)-BASE 5 | 1 | A/N | b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=155% current liability full funding limitation base. |
| 1640 | Amortization Bases - Initial Balance 5 | 7(2)-balance 5 | 13 | N | b; Signed. |
| 1650 | Amortization Bases - Amortization Charge/Credit 5 | 7(3)-charge 5 | 13 | N | b; Signed. |
| 1660 | Amortization Bases - Type of Base 6 | 7(1)-BASE 6 | 1 | A/N | b; 1=Experience gain or loss; 2=Shortfall gain or loss; 3=Change in unfunded liability due to plan amendment; 4=Change in unfunded liability due to change in actuarial assumptions; 5=Change in unfunded liability due to change in actuarial cost method; 6=Waiver of the minimum funding standard; 7=Switchback from alternative funding standard account; 8=Initial unfunded liability (for new plan); 9=155% current liability full funding limitation base. |
| 1670 | Amortization Bases - Initial Balance 6 | 7(2)-balance 6 | 13 | N | b; Signed. |
| 1680 | Amortization Bases - Amortization Charge/Credit 6 | 7(3)-charge 6 | 13 | N | b; Signed. |
| 1690 | Waiver of Funding Deficiency Letter Date | 8a | 8 | N | b; YYYYMMDD |
| | Terminus Character | NA | 1 | | Value = "#" |

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| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 1710 | Alternative Method Codes | 8b | 1 | A/N | b; 1=Shortfall method; 2=Alternative funding standard account (AFSA); 3=Shortfall method used with AFSA; 4=Plan is in reorganization status; 5=Shortfall method used when in reorganization status. |
| 1720 | Plan Required to Provide A Schedule of Active Participant Data | 8c | 1 | A/N | b; 1=Yes; 2=No. |
| 1730 | Prior Year Funding Deficiency Amount | 9a | 12 | N | b; Unsigned. |
| 1740 | Employer's Normal Cost for Plan Year as of Valuation Date | 9b | 13 | N | b; Signed. |
| 1750 | All Bases Except Funding Waivers - Outstanding Balance | 9c(1)-balance | 13 | N | b; Signed. |
| 1760 | All Bases Except Funding Waivers - Amount | 9c(1)-AMOUNT | 13 | N | b; Signed. |
| 1770 | Funding Waivers - Outstanding Balance | 9c(2)-balance | 13 | N | b; Signed. |
| 1780 | Funding Waivers - Amount | 9c(2)-AMOUNT | 13 | N | b; Signed. |
| 1790 | Funding Charges Interest Amount | 9d | 13 | N | b; Signed. |
| 1800 | Additional Interest Charge Due to Late Quarterly Contributions | 9e | 13 | N | b; Signed. |
| 1810 | Non-multiemployer Funding Charges Amount Indicator | 9f-INDICATOR | 1 | A/N | b; 1=Not applicable. |
| 1820 | Non-multiemployer Funding Charges Amount | 9f | 13 | N | b; Signed. |
| 1830 | Total Charges | 9g | 13 | N | b; Signed. |
| 1840 | Prior Year Credit Balance | 9h | 13 | N | b; Signed. |
| 1850 | Employer Contributions | 9i | 13 | N | b; Signed. |
| 1860 | Amortization Credits as of Valuation Date - Outstanding Balance | 9j-BALANCE | 13 | N | b; Signed. |
| 1870 | Amortization Credits as of Valuation Date - Amount | 9j-AMOUNT | 13 | N | b; Signed. |
| 1880 | Funding Credit Interest Amount | 9k | 13 | N | b; Signed. |

**Schedule B, Page 4**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1890 | ERISA FFL Credit Amount | 9l(1) | 13 | N | b; Signed. |
| 1900 | OBRA '87 FFL Credit Amount | 9l(2) | 13 | N | b; Signed. |
| 1910 | RPA '94 FFL Credit Amount | 9l(3) | 13 | N | b; Signed. |
| 1920 | FFL Credit Before OBRA '87 FFL | 9l(4) | 13 | N | b; Signed. |
| 1930 | Additional Credit Due To OBRA '87 | 9l(5) | 13 | N | b; Signed. |
| 1940 | Waived Funding Deficiency Amount | 9m(1) | 12 | N | b; Unsigned. |
| 1950 | Other Credit Amounts | 9m(2) | 13 | N | b; Signed. |
| 1960 | Total Credits | 9n | 13 | N | b; Signed. |
| 1970 | Credit Balance | 9o | 13 | N | b; Signed. |
| 1980 | Current Funding Deficiency | 9p | 12 | N | b; Unsigned. |
| 1990 | Funding Charge Reconciliation Amount | 9q(1) | 13 | N | b; Signed. |
| 2000 | Interest Charge Reconciliation Amount | 9q(2) | 13 | N | b; Signed. |
| 2010 | Reconciliation Outstanding Balance Amount | 9q(3)(a) | 13 | N | b; Signed. |
| 2020 | Reconciliation Amount | 9q(3)(b) | 13 | N | b; Signed. |
| 2030 | Total Reconciliation Amount | 9q(4) | 13 | N | b; Signed. |
| 2040 | Contribution to Avoid Funding Deficiency | 10 | 12 | N | b; Unsigned. |
| 2050 | Change Been Made In the Actuarial Assumptions for the Current Plan Year | 11 | 1 | A/N | b; 1=Yes; 2=No. |
|  | Terminus Character | NA | 1 |  | Value = "#" |

**Schedule B, Page 5**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 2070 | Gateway Percentage | 12a | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 2080 | RPA '94 Current Liability | 12b | 13 | N | b; Signed. |
| 2090 | Adjusted Value of Assets | 12c | 13 | N | b; Signed. |
| 2100 | Funded Current Liability Percentage | 12d | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 2110 | Unfunded Current Liability Amount | 12e | 13 | N | b; Signed. |
| 2120 | Liability Attributable to Any Unpredictable Contingent Event Benefit | 12f | 13 | N | b; Signed. |
| 2130 | Outstanding Balance of Unfunded Old Liability | 12g | 13 | N | b; Signed. |
| 2140 | Unfunded New Liability Amount | 12h | 13 | N | b; Signed. |
| 2150 | Unfunded New Liability Amount - Percent | 12i-PERCENT | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 2160 | Unfunded New Liability Amount 2 | 12i-AMOUNT | 13 | N | b; Signed. |
| 2170 | Unfunded Old Liability Amount | 12j | 13 | N | b; Signed. |
| 2180 | Deficit Reduction Contribution Amount | 12k | 13 | N | b; Signed. |
| 2190 | Net Charges Used To Offset the Deficit Reduction Contribution | 12l | 13 | N | b; Signed. |
| 2200 | Benefits Paid During Year Attributable To Unpredictable Contingent Events Amount | 12m(1) | 13 | N | b; Signed. |
| 2210 | Unfunded Current Liability Percentage | 12m(2) | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 2220 | | | | | Not used for Plan Year 2002. |
| 2230 | Unpredictable Event Product Amount | 12m(3) | 13 | N | b; Signed. |
| 2240 | Amortization of All Unpredictable Contingent Event Liabilities Amount | 12m(4) | 13 | N | b; Signed. |
| 2250 | RPA '94 Additional Amounts | 12m(5) | 13 | N | b; Signed. |
| 2260 | Greater Product or Liability Amount | 12m(6) | 13 | N | b; Signed. |
| 2270 | Preliminary Additional Funding Charge Amount | 12n | 13 | N | b; Signed. |

**Schedule B, Page 5**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 2280 | Contributions Needed To Increase Current Liability Percentage To 100% Amount | 12o | 13 | N | b; Signed. |
| 2290 | Less of Charges or Contributions Amount | 12p | 13 | N | b; Signed. |
| **2295** | **Adjusted Additional Funding Charge – Percent** | **12q-PERCENT** | **4** | **N** | **b; Unsigned.** |
| 2300 | **Adjusted Additional Funding Charge – Amount** | **12q-AMOUNT** | 13 | N | b; Signed. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule B, Page 6**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | | | | | **Not Used for Plan Year 2002** |
| 2320 | | | | | **Not Used for Plan Year 2002** |
| 2330 | | | | | **Not Used for Plan Year 2002** |
| 2340 | | | | | **Not Used for Plan Year 2002** |
| 2350 | | | | | **Not Used for Plan Year 2002** |
| 2360 | | | | | **Not Used for Plan Year 2002** |
| 2370 | | | | | **Not Used for Plan Year 2002** |
| 2380 | | | | | **Not Used for Plan Year 2002** |
| 2390 | | | | | **Not Used for Plan Year 2002** |
| 2400 | | | | | **Not Used for Plan Year 2002** |
| 2410 | | | | | **Not Used for Plan Year 2002** |
| 2420 | | | | | **Not Used for Plan Year 2002** |
| 2430 | | | | | **Not Used for Plan Year 2002** |
| 2440 | | | | | **Not Used for Plan Year 2002** |
| 2450 | | | | | **Not Used for Plan Year 2002** |
| 2460 | | | | | **Not Used for Plan Year 2002** |
| 2470 | | | | | **Not Used for Plan Year 2002** |
| 2480 | | | | | **Not Used for Plan Year 2002** |
| 2490 | | | | | **Not Used for Plan Year 2002** |
| 2500 | | | | | **Not Used for Plan Year 2002** |
| 2510 | | | | | **Not Used for Plan Year 2002** |

**Schedule B, Page 6**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| **2520** | | | | | **Not Used for Plan Year 2002** |
| **2530** | | | | | **Not Used for Plan Year 2002** |
| **2540** | | | | | **Not Used for Plan Year 2002** |
| **2550** | | | | | **Not Used for Plan Year 2002** |
| **2560** | | | | | **Not Used for Plan Year 2002** |
| **2570** | | | | | **Not Used for Plan Year 2002** |
| **2580** | | | | | **Not Used for Plan Year 2002** |
| **2590** | | | | | **Not Used for Plan Year 2002** |
| **2600** | | | | | **Not Used for Plan Year 2002** |
| **2610** | | | | | **Not Used for Plan Year 2002** |
| **2620** | | | | | **Not Used for Plan Year 2002** |
| **2630** | | | | | **Not Used for Plan Year 2002** |
| **2640** | | | | | **Not Used for Plan Year 2002** |
| | Terminus Character | NA | 1 | | Value = "#" |

# 9. Schedule C

**Schedule C, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | b; Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | b; Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned. Valid range: 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned. |
| 0140 | Compensation Paid By Plan to All Persons Receiving Less Than $5,000. | PART I - 1 | 12 | N | b; Unsigned. |
| 0150 | Service Provider Name (1) | PART I - 2a(1)-NAME | 35 | A/N | |
| 0160 | Service Provider EIN (1) | PART I - 2b(1)-EIN | 9 | N | Unsigned. |
| 0170 | Service Provider Plan Position (1) | PART I - 2c(1)-Position | 25 | A/N | Must have value = "Contract Administrator" |
| 0180 | Service Provider Relationship (1) | PART I - 2d(1)-Relationship | 25 | A/N | |
| 0190 | Service Provider Salary (1) | PART I - 2e(1)-Salary | 9 | N | b; Unsigned. |
| 0200 | Service Provider Fees (1) | PART I - 2f(1)-FEE | 9 | N | b; Unsigned. |
| 0210 | Service Provider Code (1) | PART I - 2g(1)-CODE | 4 | N | Unsigned. Must have value = "12" |
| 0220 | Service Provider Name (2) | PART I - 2a(2)-NAME | 35 | A/N | |
| 0230 | Service Provider EIN (2) | PART I - 2b(2)-EIN | 9 | N | Unsigned. |
| 0240 | Service Provider Plan Position (2) | PART I - 2c(2)-Position | 25 | A/N | |
| 0250 | Service Provider Relationship (2) | PART I - 2d(2)-Relationship | 25 | A/N | |

**Schedule C, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0260 | Service Provider Salary (2) | PART I - 2e(2)- Salary | 9 | N | b; Unsigned. |
| 0270 | Service Provider Fees (2) | PART I - 2f(2)-FEE | 9 | N | b; Unsigned. |
| 0280 | Service Provider Code (2) | PART I - 2g(2)- CODE | 4 | N | Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule C, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0300 | Service Provider Name (3) | PART I - 2a(3)-NAME | 35 | A/N | |
| 0310 | Service Provider EIN (3) | PART I - 2b(3)-EIN | 9 | N | Unsigned. |
| 0320 | Service Provider Plan Position (3) | PART I - 2c(3)-Position | 25 | A/N | |
| 0330 | Service Provider Relationship (3) | PART I - 2d(3)-Relationship | 25 | A/N | |
| 0340 | Service Provider Salary (3) | PART I - 2e(3)-Salary | 9 | N | b; Unsigned. |
| 0350 | Service Provider Fees (3) | PART I - 2f(3)-FEE | 9 | N | b; Unsigned. |
| 0360 | Service Provider Code (3) | PART I - 2g(3)-CODE | 4 | N | Unsigned. |
| 0370 | Service Provider Name (4) | PART I - 2a(4)-NAME | 35 | A/N | |
| 0380 | Service Provider EIN (4) | PART I - 2b(4)-EIN | 9 | N | Unsigned. |
| 0390 | Service Provider Plan Position (4) | PART I - 2c(4)-Position | 25 | A/N | |
| 0400 | Service Provider Relationship (4) | PART I - 2d(4)-Relationship | 25 | A/N | |
| 0410 | Service Provider Salary (4) | PART I - 2e(4)-Salary | 9 | N | b; Unsigned. |
| 0420 | Service Provider Fees (4) | PART I - 2f(4)-FEE | 9 | N | b; Unsigned. |
| 0430 | Service Provider Code (4) | PART I - 2g(4)-CODE | 4 | N | Unsigned. |
| 0440 | Service Provider Name (5) | PART I - 2a(5)-NAME | 35 | A/N | |
| 0450 | Service Provider EIN (5) | PART I - 2b(5)-EIN | 9 | N | Unsigned. |

**Schedule C, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0460 | Service Provider Plan Position (5) | PART I - 2c(5)- position | 25 | A/N | |
| 0470 | Service Provider Relationship (5) | PART I - 2d(5)- relationship | 25 | A/N | |
| 0480 | Service Provider Salary (5) | PART I - 2e(5)- salary | 9 | N | b; Unsigned. |
| 0490 | Service Provider Fees (5) | PART I - 2f(5)-FEE | 9 | N | b; Unsigned. |
| 0500 | Service Provider Code (5) | PART I - 2g(5)- CODE | 4 | N | Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule C, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0520 | Termination Information - Name [1] | PART II(a)[1] | 35 | A/N | |
| 0530 | Termination Information - EIN [1] | PART II(b)[1] | 9 | N | Unsigned. |
| 0540 | Termination Information - Position [1] | PART II(c)[1] | 25 | A/N | |
| 0550 | Termination Information - Street Address [1] | PART II(d)-Address [1] | 35 | A/N | |
| 0560 | Termination Information - City [1] | PART II(d)-CITY [1] | 20 | A/N | |
| 0570 | Termination Information - State [1] | PART II(d)-STATE [1] | 2 | A/N | |
| 0580 | Termination Information - Zip Code [1] | PART II(d)-ZIP [1] | 9 | N | Unsigned. |
| 0590 | Termination Information - Telephone No. [1] | PART II(e) [1] | 10 | N | Unsigned. |
| 0600 | Termination Information - Explanation [1] | PART II(1) [1] | 250 | A/N | |
| 0610 | Termination Information - Name [2] | PART II(a)[2] | 35 | A/N | |
| 0620 | Termination Information - EIN [2] | PART II(b)[2] | 9 | N | Unsigned. |
| 0630 | Termination Information - Position [2] | PART II(c)[2] | 25 | A/N | |
| 0640 | Termination Information - Street Address [2] | PART II(d)-Address [2] | 35 | A/N | |
| 0650 | Termination Information - City [2] | PART II(d)-CITY [2] | 20 | A/N | |
| 0660 | Termination Information - State [2] | PART II(d)-STATE [2] | 2 | A/N | |
| 0670 | Termination Information - Zip Code [2] | PART II(d)-ZIP [2] | 9 | N | Unsigned. |
| 0680 | Termination Information - Telephone No. [2] | PART II(e) [2] | 10 | N | Unsigned. |

**Schedule C, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0690 | Termination Information - Explanation [2] | PART II(1) [2] | 250 | A/N | |
| 0700 | Termination Information - Name [3] | PART II(a)[3] | 35 | A/N | |
| 0710 | Termination Information - EIN [3] | PART II(b)[3] | 9 | N | Unsigned. |
| 0720 | Termination Information - Position [3] | PART II(c)[3] | 25 | A/N | |
| 0730 | Termination Information - Street Address [3] | PART II(d)- Address [3] | 35 | A/N | |
| 0740 | Termination Information - City [3] | PART II(d)-CITY [3] | 20 | A/N | |
| 0750 | Termination Information - State [3] | PART II(d)- STATE [3] | 2 | A/N | |
| 0760 | Termination Information - Zip Code [3] | PART II(d)-ZIP [3] | 9 | N | Unsigned. |
| 0770 | Termination Information - Telephone No. [3] | PART II(e) [3] | 10 | N | Unsigned. |
| 0780 | Termination Information - Explanation [3] | PART II(1) [3] | 250 | A/N | |
| | Terminus Character | NA | 1 | | Value = "#" |

# 10. Schedule D

**Schedule D, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | b; Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | b; Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned. Valid range: 001-999 |
| 0130 | Sponsor/DFE EIN | D | 9 | N | Unsigned. |
| 0140 | Name of MTIA, CCT, PSA, or 103-12IE [1] | Part I (a)-NAME [1] | 35 | A/N | |
| 0150 | Name of Sponsor [1] | Part I (b)-NAME [1] | 35 | A/N | |
| 0160 | EIN/PN [1] | Part I (c)-EIN/PN [1] | 12 | N | b; Unsigned. |
| 0170 | Entity Code [1] | Part I (d)-CODE [1] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0180 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [1] | Part I (e)-Interest [1] | 12 | N | **b; Unsigned.** |
| 0190 | Name of MTIA, CCT, PSA, or 103-12IE [2] | Part I (a)-NAME [2] | 35 | A/N | |
| 0200 | Name of Sponsor [2] | Part I (b)-NAME [2] | 35 | A/N | |
| 0210 | EIN/PN [2] | Part I (c)-EIN/PN [2] | 12 | N | b; Unsigned. |
| 0220 | Entity Code [2] | Part I (d)-CODE [2] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0230 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [2] | Part I (e)-Interest [2] | 12 | N | **b; Unsigned.** |
| 0240 | Name of MTIA, CCT, PSA, or 103-12IE [3] | Part I (a)-NAME [3] | 35 | A/N | |
| 0250 | Name of Sponsor [3] | Part I (b)-NAME [3] | 35 | A/N | |
| 0260 | EIN/PN [3] | Part I (c)-EIN/PN [3] | 12 | N | b; Unsigned. |
| 0270 | Entity Code [3] | Part I (d)-CODE [3] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0280 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [3] | Part I (e)-Interest [3] | 12 | N | **b; Unsigned.** |
| 0290 | Name of MTIA, CCT, PSA, or 103-12IE [4] | Part I (a)-NAME [4] | 35 | A/N | |

**Schedule D, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|------|----------------|----------|--------|------|-------------|
| 0300 | Name of Sponsor [4] | Part I (b)- NAME [4] | 35 | A/N | |
| 0310 | EIN/PN [4] | Part I (c)- EIN/PN [4] | 12 | N | b; Unsigned. |
| 0320 | Entity Code [4] | Part I (d)- CODE [4] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0330 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [4] | Part I (e)- Interest [4] | 12 | N | **b; Unsigned.** |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule D, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0350 | Name of MTIA, CCT, PSA, or 103-12IE [5] | Part I (a)- NAME [5] | 35 | A/N | |
| 0360 | Name of Sponsor [5] | Part I (b)- NAME [5] | 35 | A/N | |
| 0370 | EIN/PN [5] | Part I (c)- EIN/PN [5] | 12 | N | b; Unsigned. |
| 0380 | Entity Code [5] | Part I (d)- CODE [5] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0390 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [5] | Part I (e)- Interest [5] | 12 | N | **b; Unsigned.** |
| 0400 | Name of MTIA, CCT, PSA, or 103-12IE [6] | Part I (a)- NAME [6] | 35 | A/N | |
| 0410 | Name of Sponsor [6] | Part I (b)- NAME [6] | 35 | A/N | |
| 0420 | EIN/PN [6] | Part I (c)- EIN/PN [6] | 12 | N | b; Unsigned. |
| 0430 | Entity Code [6] | Part I (d)- CODE [6] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0440 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [6] | Part I (e)- Interest [6] | 12 | N | **b; Unsigned.** |
| 0450 | Name of MTIA, CCT, PSA, or 103-12IE [7] | Part I (a)- NAME [7] | 35 | A/N | |
| 0460 | Name of Sponsor [7] | Part I (b)- NAME [7] | 35 | A/N | |
| 0470 | EIN/PN [7] | Part I (c)- EIN/PN [7] | 12 | N | b; Unsigned. |
| 0480 | Entity Code [7] | Part I (d)- CODE [7] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0490 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [7] | Part I (e)- Interest [7] | 12 | N | **b; Unsigned.** |
| 0500 | Name of MTIA, CCT, PSA, or 103-12IE [8] | Part I (a)- NAME [8] | 35 | A/N | |
| 0510 | Name of Sponsor [8] | Part I (b)- NAME [8] | 35 | A/N | |
| 0520 | EIN/PN [8] | Part I (c)- EIN/PN [8] | 12 | N | b; Unsigned. |
| 0530 | Entity Code [8] | Part I (d)- CODE [8] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |

**Schedule D, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0540 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [8] | Part I (e)- Interest [8] | 12 | N | **b; Unsigned.** |
| 0550 | Name of MTIA, CCT, PSA, or 103-12IE [9] | Part I (a)- NAME [9] | 35 | A/N | |
| 0560 | Name of Sponsor [9] | Part I (b)- NAME [9] | 35 | A/N | |
| 0570 | EIN/PN [9] | Part I (c)- EIN/PN [9] | 12 | N | b; Unsigned. |
| 0580 | Entity Code [9] | Part I (d)- CODE [9] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0590 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [9] | Part I (e)- Interest [9] | 12 | N | **b; Unsigned.** |
| 0600 | Name of MTIA, CCT, PSA, or 103-12IE [10] | Part I (a)- NAME [10] | 35 | A/N | |
| 0610 | Name of Sponsor [10] | Part I (b)- NAME [10] | 35 | A/N | |
| 0620 | EIN/PN [10] | Part I (c)- EIN/PN [10] | 12 | N | b; Unsigned. |
| 0630 | Entity Code [10] | Part I (d)- CODE [10] | 1 | A/N | b; M = MTIA, C = CCT, P = PSA, E = 103-12 IE. |
| 0640 | Dollar Value of Interest In MTIA, CCT, PSA, or 103-12IE At End of Year [10] | Part I (e)- Interest [10] | 12 | N | **b; Unsigned.** |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule D, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0660 | Plan Name [1] | Part II (a)-NAME [1] | 35 | A/N | |
| 0670 | Name of Plan Sponsor [1] | Part II (b)-NAME [1] | 35 | A/N | |
| 0680 | EIN [1] | Part II (c)-EIN [1] | 9 | N | Unsigned. |
| 0690 | PN [1] | Part II (c)-PN [1] | 3 | N | Unsigned. |
| 0700 | Plan Name [2] | Part II (a)-NAME [2] | 35 | A/N | |
| 0710 | Name of Plan Sponsor [2] | Part II (b)-NAME [2] | 35 | A/N | |
| 0720 | EIN [2] | Part II (c)-EIN [2] | 9 | N | Unsigned. |
| 0730 | PN [2] | Part II (c)-PN [2] | 3 | N | Unsigned. |
| 0740 | Plan Name [3] | Part II (a)-NAME [3] | 35 | A/N | |
| 0750 | Name of Plan Sponsor [3] | Part II (b)-NAME [3] | 35 | A/N | |
| 0760 | EIN [3] | Part II (c)-EIN [3] | 9 | N | Unsigned. |
| 0770 | PN [3] | Part II (c)-PN [3] | 3 | N | Unsigned. |
| 0780 | Plan Name [4] | Part II (a)-NAME [4] | 35 | A/N | |
| 0790 | Name of Plan Sponsor [4] | Part II (b)-NAME [4] | 35 | A/N | |
| 0800 | EIN [4] | Part II (c)-EIN [4] | 9 | N | Unsigned. |
| 0810 | PN [4] | Part II (c)-PN [4] | 3 | N | Unsigned. |
| 0820 | Plan Name [5] | Part II (a)-NAME [5] | 35 | A/N | |
| 0830 | Name of Plan Sponsor [5] | Part II (b)-NAME [5] | 35 | A/N | |
| 0840 | EIN [5] | Part II (c)-EIN [5] | 9 | N | Unsigned. |
| 0850 | PN [5] | Part II (c)-PN [5] | 3 | N | Unsigned. |
| 0860 | Plan Name [6] | Part II (a)-NAME [6] | 35 | A/N | |

**Schedule D, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0870 | Name of Plan Sponsor [6] | Part II (b)-NAME [6] | 35 | A/N | |
| 0880 | EIN [6] | Part II (c)-EIN [6] | 9 | N | Unsigned. |
| 0890 | PN [6] | Part II (c)-PN [6] | 3 | N | Unsigned. |
| 0900 | Plan Name [7] | Part II (a)-NAME [7] | 35 | A/N | |
| 0910 | Name of Plan Sponsor [7] | Part II (b)-NAME [7] | 35 | A/N | |
| 0920 | EIN [7] | Part II (c)-EIN [7] | 9 | N | Unsigned. |
| 0930 | PN [7] | Part II (c)-PN [7] | 3 | N | Unsigned. |
| 0940 | Plan Name [8] | Part II (a)-NAME [8] | 35 | A/N | |
| 0950 | Name of Plan Sponsor [8] | Part II (b)-NAME [8] | 35 | A/N | |
| 0960 | EIN [8] | Part II (c)-EIN [8] | 9 | N | Unsigned. |
| 0970 | PN [8] | Part II (c)-PN [8] | 3 | N | Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

# 11. Schedule E

**Schedule E, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | b; Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | b; Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned, 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned. |
| 0140 | ESOP Have An Outstanding Securities Acquisition Loan Within the Meaning of Code Sec. 133 | 1a | 1 | A/N | b; 1=Yes; 2=No. |
| 0150 | Employer Maintaining the ESOP Pay Dividends On the Employers Stock | 1b | 1 | A/N | b; 1=Yes; 2=No. |
| 0160 | Total Value of ESOP Assets | 2 | 13 | N | b; Signed. |
| 0170 | Stock Conversion Formula 1 | 3 | 10 | A/N | |
| 0180 | Employee Securities Released Method Codes [A indicator] | 4a [A] | 1 | A/N | b; A=Principal and Interest (Excise Tax Regulations section 54.4975-7(b)(8)(i); |
| 0190 | Employee Securities Released Method Codes [B indicator] | 4a [B] | 1 | A/N | b; B=Principal only (Excise Tax Regulations section 54.4975-7(b)(8)(ii); |
| 0200 | Employee Securities Released Method Codes [C indicator] | 4a [C] | 1 | A/N | b; C=Other. |
| 0210 | Unallocated Securities Used to Repay Any Exempt Loan | 5 | 1 | A/N | b; 1=Yes; 2=No. |
| 0220 | ESOP Loan Part of A Back to Back Loan | 6a | 1 | A/N | b; 1=Yes; 2=No. |
| 0230 | Terms of the Loans Substantially Similar | 6b | 1 | A/N | b; 1=Yes; 2=No. |
| 0240 | Two Loans Have the Same Amortization Schedule | 6c | 1 | A/N | b; 1=Yes; 2=No. |
| 0250 | Loan An Immediate Allocation Loan As Defined In Code Section 133(b)(1)(B) | 7 | 1 | A/N | b; 1=Yes; 2=No. |
| 0260 | Date of the Securities Acquisition Loan | 8a | 8 | N | b; Format: YYYYMMDD |

**Schedule E, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule E, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0280 | After Acquisition of Employer Securities, ESOP Own More than 50% of Each Class of Stock | 8b | 1 | A/N | b; 1=Yes; 2=No. |
| 0290 | Does the Securities Acquisition Loan Satisfy One of the Transition Rules | 8c | 1 | A/N | b; 1=Yes; 2=No. |
| 0300 | Payee Name | 8d-NAME | 35 | A/N | |
| 0310 | Payee Street Address | 8d-STREET | 35 | A/N | |
| 0320 | Payee City | 8d-CITY | 22 | A/N | |
| 0330 | Payee State | 8d-STATE | 2 | A/N | |
| 0340 | Payee Zip Code | 8d-ZIP | 9 | N | b. |
| 0350 | Amount of Interest Paid on the Securities Acquisition Loan | 9 | 13 | N | b; Signed. |
| 0360 | Securities Disposed of Within 3 Years After the Plan Acquired Section 133 Securities | 10a | 1 | A/N | b; 1=Yes; 2=No. |
| 0370 | One or More of the Exceptions Provided In Code Section 4978B(d) Apply | 10b | 1 | A/N | b; 1=Yes; 2=No. |
| 0380 | ESOP's Securities Acquisition Loans Refinanced During This Reporting Period | 11a | 1 | A/N | b; 1=Yes; 2=No. |
| 0390 | Refinancing Meet the Requirements of Act Section 1602 of SBJPA 1996 | 11b | 1 | A/N | b; 1=Yes; 2=No. |
| 0400 | Amount of the Dividends Paid Exceed the Employer's Current Earnings/Profits | 12a | 1 | A/N | b; 1=Yes; 2=No. |
| 0410 | Amount Paid a Dividend Under Applicable State Law | 12b | 1 | A/N | b; 1=Yes; 2=No. |
| 0420 | Dividends to Repay Loan Generated By Securities Not Acquired With Proceeds of the Loan | 13 | 1 | A/N | b; 1=Yes; 2=No. |

**Schedule E, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0430 | Dividends Paid With Respect to Employer Securities That Satisfy Transition Rules | 14 | 1 | A/N | b; 1=Yes; 2=No. |
| 0440 | Employer Make Pmts in Redemption of Stock to Termination ESOP Participants | 15 | 1 | A/N | b; 1=Yes; 2=No. |
| **0450** | **Dividends subject to an Election to Reinvest in Employer Securities** | **16a** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| **0460** | **Election Complied with Notice 2002-2** | **16b** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| **0470** | **Dividends Reinvested in Employer Securities Fully Vested** | **16c** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
|  | Terminus Character | NA | 1 |  | Value = "#" |

**Schedule E, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| **0480** | **ESOP Maintained by an S Corp** | **17a** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| **0490** | **ESOP Established After March 14, 2001** | **17b** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| **0500** | **ESOP Established Before March 14, 2001, S Corp Election in Effect on that Date** | **17c** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| **0510** | **ESOP Prohibited Allocations of Securities to Disqualified Person** | **17d** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| **0515** | **ESOP Complied with Section 4979A** | **17e** | **1** | **A/N** | **b; 1=Yes; 2=No.** |
| 0520 | Class of Stock [1] | **18a-CLASS [1]** | 20 | A/N | |
| 0530 | Common/Preferred Stock [1] | **18b-CLASS [1]** | 1 | A/N | b; C= Common Stock; P=Preferred Stock. |
| 0540 | Readily Tradable [1] | **18c-CLASS [1]** | 1 | A/N | b; 1=Yes; 2=No. |
| 0550 | Dividend Rate [1] | **18d-CLASS [1]** | 4 | N | b; Unsigned.  Numerics with two implied decimals. |
| 0560 | Dividends Paid [1] | **18e-CLASS [1]** | 13 | N | b; Signed |
| 0570 | Repay With Allocated Stock [1] | **18f(1)-CLASS [1]** | 13 | N | b; Signed |
| 0580 | Repay With Unallocated Stock [1] | **18f(2)-CLASS [1]** | 13 | N | b; Signed |
| 0590 | Class of Stock [2] | **18a-CLASS [2]** | 20 | A/N | |
| 0600 | Common/Preferred Stock [2] | **18b-CLASS [2]** | 1 | A/N | b; C= Common Stock; P=Preferred Stock. |
| 0610 | Readily Tradable [2] | **18c-CLASS [2]** | 1 | A/N | b; 1=Yes; 2=No. |
| 0620 | Dividend Rate [2] | **18d-CLASS [2]** | 4 | N | b; Unsigned.  Numerics with two implied decimals. |
| 0630 | Dividends Paid [2] | **18e-CLASS [2]** | 13 | N | b; Signed |
| 0640 | Repay With Allocated Stock [2] | **18f(1)-CLASS [2]** | 13 | N | b; Signed |
| 0650 | Repay With Unallocated Stock [2] | **18f(2)-CLASS [2]** | 13 | N | b; Signed |
| 0660 | Class of Stock [3] | **18a-CLASS [3]** | 20 | A/N | |

**Schedule E, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0670 | Common/Preferred Stock [3] | **18b-CLASS [3]** | 1 | A/N | b; C= Common Stock; P= Preferred Stock. |
| 0680 | Readily Tradable [3] | **18c-CLASS [3]** | 1 | A/N | b; 1=Yes; 2=No. |
| 0690 | Dividend Rate [3] | **18d-CLASS [3]** | 4 | N | b; Unsigned. Numerics with two implied decimals. |
| 0700 | Dividends Paid [3] | **18e-CLASS [3]** | 13 | N | b; Signed |
| 0710 | Repay With Allocated Stock [3] | **18f(1)-CLASS [3]** | 13 | N | b; Signed |
| 0720 | Repay With Unallocated Stock [3] | **18f(2)-CLASS [3]** | 13 | N | b; Signed |
| 0730 | Total Dividends Paid to Participants | **18e-TOTAL** | 13 | N | b; Signed |
| 0740 | Total Dividends - Allocated Stock | **18f(1)-TOTAL** | 13 | N | b; Signed |
| 0750 | Total Dividends - Unallocated Stock | **18f(2)-TOTAL** | 13 | N | b; Signed |
|  | Terminus Character | NA | 1 |  | Value = "#" |

# 12. Schedule F

The Internal Revenue Service and the Department of Labor have deemed that Schedule F is no longer valid for electronic filing.

# 13. Schedule G

**Schedule G, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned. Valid range: 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned |
| 0140 | Party In Interest 1 | Ia | 1 | A/N | |
| 0150 | Obligor Name 1 | Ib Name 1 | 35 | A/N | |
| 0160 | Obligor Street 1 | Ib Street 1 | 35 | A/N | |
| 0170 | Obligor City 1 | Ib City 1 | 22 | A/N | |
| 0180 | Obligor State 1 | Ib State 1 | 2 | A/N | |
| 0190 | Obligor Zip 1 | Ib Zip 1 | 9 | N | Unsigned |
| 0200 | Original Amount of Loan 1 | Ic 1 | 13 | N | b; Signed |
| 0210 | Amount of Principal Received 1 | Id 1 | 13 | N | b; Signed |
| 0220 | Amount of Interest Received 1 | Ie 1 | 13 | N | b; Signed |
| 0230 | Unpaid Balance 1 | If 1 | 13 | N | b; Signed |
| 0240 | Description of Loan 1 | Ig 1 | 70 | A/N | |
| 0250 | Amount of Principal Overdue 1 | Ih 1 | 13 | N | b; Signed |
| 0260 | Amount of Interest Overdue 1 | Ii 1 | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule G, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0280 | Party In Interest 2 | Ia | 1 | A/N | |
| 0290 | Obligor Name 2 | Ib Name 2 | 35 | A/N | |
| 0300 | Obligor Street 2 | Ib Street 2 | 35 | A/N | |
| 0310 | Obligor City 2 | Ib City 2 | 22 | A/N | |
| 0320 | Obligor State 2 | Ib State 2 | 2 | A/N | |
| 0330 | Obligor Zip 2 | Ib Zip 2 | 9 | N | Unsigned |
| 0340 | Original Amount of Loan 2 | Ic 2 | 13 | N | b; Signed |
| 0350 | Amount of Principal Received 2 | Id 2 | 13 | N | b; Signed |
| 0360 | Amount of Interest Received 2 | Ie 2 | 13 | N | b; Signed |
| 0370 | Unpaid Balance 2 | If 2 | 13 | N | b; Signed |
| 0380 | Description of Loan 2 | Ig 2 | 70 | A/N | |
| 0390 | Amount of Principal Overdue 2 | Ih 2 | 13 | N | b; Signed |
| 0400 | Amount of Interest Overdue 2 | Ii 2 | 13 | N | b; Signed |
| 0410 | Party In Interest 3 | Ia 2 | 1 | A/N | |
| 0420 | Obligor Name 3 | Ib Name 3 | 35 | A/N | |
| 0430 | Obligor Street 3 | Ib Street 3 | 35 | A/N | |
| 0440 | Obligor City 3 | Ib City 3 | 22 | A/N | |
| 0450 | Obligor State 3 | Ib State 3 | 2 | A/N | |
| 0460 | Obligor Zip 3 | Ib Zip 3 | 9 | N | Unsigned |
| 0470 | Original Amount of Loan 3 | Ic 3 | 13 | N | b; Signed |
| 0480 | Amount of Principal Received 3 | Id 3 | 13 | N | b; Signed |
| 0490 | Amount of Interest Received 3 | Ie 3 | 13 | N | b; Signed |
| 0500 | Unpaid Balance 3 | If 3 | 13 | N | b; Signed |
| 0510 | Description of Loan 3 | Ig 3 | 70 | A/N | |
| 0520 | Amount of Principal Overdue 3 | Ih 3 | 13 | N | b; Signed |
| 0530 | Amount of Interest Overdue 3 | Ii 3 | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule G, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|------|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0550 | Party In Interest 1 | IIa 1 | 1 | A/N | |
| 0560 | Lessor/Lessee Name 1 | IIb 1 | 35 | A/N | |
| 0570 | Relationship to Plan 1 | IIc 1 | 35 | A/N | |
| 0580 | Terms and Description 1 | IId 1 | 70 | A/N | |
| 0590 | Original Cost 1 | IIe 1 | 13 | N | b; Signed |
| 0600 | Current Value 1 | IIf 1 | 13 | N | b; Signed |
| 0610 | Gross Rental Receipts 1 | IIg 1 | 13 | N | b; Signed |
| 0620 | Expenses Paid 1 | IIh 1 | 13 | N | b; Signed |
| 0630 | Net Receipts 1 | IIi 1 | 13 | N | b; Signed |
| 0640 | Amount in Arrears 1 | IIj 1 | 13 | N | b; Signed |
| 0650 | Party In Interest 2 | IIa 2 | 1 | A/N | |
| 0660 | Lessor/Lessee Name 2 | IIb 2 | 35 | A/N | |
| 0670 | Relationship to Plan 2 | IIc 2 | 35 | A/N | |
| 0680 | Terms and Description 2 | IId 2 | 70 | A/N | |
| 0690 | Original Cost 2 | IIe 2 | 13 | N | b; Signed |
| 0700 | Current Value 2 | IIf 2 | 13 | N | b; Signed |
| 0710 | Gross Rental Receipts 2 | IIg 2 | 13 | N | b; Signed |
| 0720 | Expenses Paid 2 | IIh 2 | 13 | N | b; Signed |
| 0730 | Net Receipts 2 | IIi 2 | 13 | N | b; Signed |
| 0740 | Amount in Arrears 2 | IIj 2 | 13 | N | b; Signed |
| 0750 | Party In Interest 3 | IIa 3 | 1 | A/N | |
| 0760 | Lessor/Lessee Name 3 | IIb 3 | 35 | A/N | |
| 0770 | Relationship to Plan 3 | IIc 3 | 35 | A/N | |
| 0780 | Terms and Description 3 | IId 3 | 70 | A/N | |
| 0790 | Original Cost 3 | IIe 3 | 13 | N | b; Signed |
| 0800 | Current Value 3 | IIf 3 | 13 | N | b; Signed |
| 0810 | Gross Rental Receipts 3 | IIg 3 | 13 | N | b; Signed |
| 0820 | Expenses Paid 3 | IIh 3 | 13 | N | b; Signed |
| 0830 | Net Receipts 3 | IIi 3 | 13 | N | b; Signed |
| 0840 | Amount in Arrears 3 | IIj 3 | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule G, Page 4**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0860 | Identity of Party 1 | IIIa 1 | 35 | A/N | |
| 0870 | Relationship to Plan 1 | IIIb 1 | 35 | A/N | |
| 0880 | Description of Transactions 1 | IIIc 1 | 70 | A/N | |
| 0890 | Purchase Price 1 | IIId 1 | 13 | N | b; Signed |
| 0900 | Selling Price 1 | IIIe 1 | 13 | N | b; Signed |
| 0910 | Lease Rental 1 | IIIf 1 | 13 | N | b; Signed |
| 0920 | Expenses Incurred 1 | IIIg 1 | 13 | N | b; Signed |
| 0930 | Cost of Asset 1 | IIIh 1 | 13 | N | b; Signed |
| 0940 | Current Value of Asset 1 | IIIi 1 | 13 | N | b; Signed |
| 0950 | Net Gain/Loss 1 | IIIj 1 | 13 | N | b; Signed |
| 0960 | Identity of Party 2 | IIIa 2 | 35 | A/N | |
| 0970 | Relationship to Plan 2 | IIIb 2 | 35 | A/N | |
| 0980 | Description of Transactions 2 | IIIc 2 | 70 | A/N | |
| 0990 | Purchase Price 2 | IIId 2 | 13 | N | b; Signed |
| 1000 | Selling Price 2 | IIIe 2 | 13 | N | b; Signed |
| 1010 | Lease Rental 2 | IIIf 2 | 13 | N | b; Signed |
| 1020 | Expenses Incurred 2 | IIIg 2 | 13 | N | b; Signed |
| 1030 | Cost of Asset 2 | IIIh 2 | 13 | N | b; Signed |
| 1040 | Current Value of Asset 2 | IIIi 2 | 13 | N | b; Signed |
| 1050 | Net Gain/Loss 2 | IIIj 2 | 13 | N | b; Signed |
| 1060 | Identity of Party 3 | IIIa 3 | 35 | A/N | |
| 1070 | Relationship to Plan 3 | IIIb 3 | 35 | A/N | |
| 1080 | Description of Transactions 3 | IIIc 3 | 70 | A/N | |
| 1090 | Purchase Price 3 | IIId 3 | 13 | N | b; Signed |
| 1100 | Selling Price 3 | IIIe 3 | 13 | N | b; Signed |
| 1110 | Lease Rental 3 | IIIf 3 | 13 | N | b; Signed |
| 1120 | Expenses Incurred 3 | IIIg 3 | 13 | N | b; Signed |
| 1130 | Cost of Asset 3 | IIIh 3 | 13 | N | b; Signed |
| 1140 | Current Value of Asset 3 | IIIi 3 | 13 | N | b; Signed |
| 1150 | Net Gain/Loss 3 | IIIj 3 | 13 | N | b; Signed |
| | Terminus Character | NA | 1 | | Value = "#" |

# 14.  Schedule H

**Schedule H, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned.  Valid range: 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned. |
| 0140 | Total Non-interest-Bearing Cash - BOY | 1a(a) | 13 | N | b; Signed. |
| 0150 | Employer Receivables - BOY | 1b(1)(a) | 13 | N | b; Signed. |
| 0160 | Participant Receivables - BOY | 1b(2)(a) | 13 | N | b; Signed. |
| 0170 | Other Receivables - BOY | 1b(3)(a) | 13 | N | b; Signed. |
| 0180 | Interest-bearing Cash - BOY | 1c(1)(a) | 13 | N | b; Signed. |
| 0190 | U.S. Government Securities - BOY | 1c(2)(a) | 13 | N | b; Signed. |
| 0200 | Preferred Corporate Debt Instruments - BOY | 1c(3)(A)(a) | 13 | N | b; Signed. |
| 0210 | All Other Corporate Debt Instruments - BOY | 1c(3)(B)(a) | 13 | N | b; Signed. |
| 0220 | Preferred Corporate Stocks - BOY | 1c(4)(A)(a) | 13 | N | b; Signed. |
| 0230 | Common Corporate Stocks - BOY | 1c(4)(B)(a) | 13 | N | b; Signed. |
| 0240 | Partnership/Joint Venture Interests - BOY | 1c(5)(a) | 13 | N | b; Signed. |
| 0250 | Real Estate (Other Than Employer Real Property) - BOY | 1c(6)(a) | 13 | N | b; Signed. |
| 0260 | Loans (Other Than To Participants) | 1c(7)(a) | 13 | N | b; Signed. |
| 0270 | Participant Loans - BOY | 1c(8)(a) | 13 | N | b; Signed. |
| 0280 | Value of Interest in Common/Collective Trusts - BOY | 1c(9)(a) | 13 | N | b; Signed. |
| 0290 | Value of Interest In Pooled-Separate Accounts - BOY | 1c(10)(a) | 13 | N | b; Signed. |
| 0300 | Value of Interest In Master Trust Investment Accounts - BOY | 1c(11)(a) | 13 | N | b; Signed. |

**Schedule H, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0310 | Value of Interest In 103-12 Investment Entities - BOY | 1c(12)(a) | 13 | N | b; Signed. |
| 0320 | Value of Interest In Registered Investment Companies - BOY | 1c(13)(a) | 13 | N | b; Signed. |
| 0330 | Value of Funds Held In Insurance Company General Account - BOY | 1c(14)(a) | 13 | N | b; Signed. |
| 0340 | Other General Investments - BOY | 1c(15)(a) | 13 | N | b; Signed. |
| 0350 | Total Non-interest-Bearing Cash - EOY | 1a(b) | 13 | N | b; Signed. |
| 0360 | Employer Receivables - EOY | 1b(1)(b) | 13 | N | b; Signed. |
| 0370 | Participant Receivables - EOY | 1b(2)(b) | 13 | N | b; Signed. |
| 0380 | Other Receivables - EOY | 1b(3)(b) | 13 | N | b; Signed. |
| 0390 | Interest-bearing Cash/EOY | 1c(1)(b) | 13 | N | b; Signed. |
| 0400 | U.S. Government Securities - EOY | 1c(2)(b) | 13 | N | b; Signed. |
| 0410 | Preferred Corporate Debt Instruments - EOY | 1c(3)(A)(b) | 13 | N | b; Signed. |
| 0420 | All Other Corporate Debt Instruments - EOY | 1c(3)(B)(b) | 13 | N | b; Signed. |
| 0430 | Preferred Corporate Stocks - EOY | 1c(4)(A)(b) | 13 | N | b; Signed. |
| 0440 | Common Corporate Stocks - EOY | 1c(4)(B)(b) | 13 | N | b; Signed. |
| 0450 | Partnership/Joint Venture Interests - EOY | 1c(5)(b) | 13 | N | b; Signed. |
| 0460 | Real Estate (Other Than Employer Real Property) - EOY | 1c(6)(b) | 13 | N | b; Signed. |
| 0470 | Loans (Other Than to Participants) - EOY | 1c(7)(b) | 13 | N | b; Signed. |
| 0480 | Participant Loans - EOY | 1c(8)(b) | 13 | N | b; Signed. |
| 0490 | Value of Interest In Common/Collective Trusts - EOY | 1c(9)(b) | 13 | N | b; Signed. |
| 0500 | Value of Interest In Pooled-Separate Accounts - EOY | 1c(10)(b) | 13 | N | b; Signed. |
| 0510 | Value of Interest In Master Trust Investment Accounts - EOY | 1c(11)(b) | 13 | N | b; Signed. |

**Schedule H, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0520 | Value of Interest In 103-12 Investment Entities - EOY | 1c(12)(b) | 13 | N | b; Signed. |
| 0530 | Value of Interest In Registered Investment Companies - EOY | 1c(13)(b) | 13 | N | b; Signed. |
| 0540 | Value of Funds Held In Insurance General Account - EOY | 1c(14)(b) | 13 | N | b; Signed. |
| 0550 | Other General Investments - EOY | 1c(15)(b) | 13 | N | b; Signed. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule H, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0570 | Employer Securities - BOY | 1d(1)(a) | 13 | N | b; Signed. |
| 0580 | Employer Real Property - BOY | 1d(2)(a) | 13 | N | b; Signed. |
| 0590 | Buildings and Other Property Used in Plan Operation - BOY | 1e(a) | 13 | N | b; Signed. |
| 0600 | Total Assets - BOY | 1f(a) | 13 | N | b; Signed. |
| 0610 | Benefit Claims Payable - BOY | 1g(a) | 13 | N | b; Unsigned. |
| 0620 | Operating Payables - BOY | 1h(a) | 13 | N | b; Unsigned. |
| 0630 | Acquisition Indebtedness - BOY | 1i(a) | 13 | N | b; Unsigned. |
| 0640 | Other Liabilities - BOY | 1j(a) | 13 | N | b; Unsigned. |
| 0650 | Total Liabilities - BOY | 1k(a) | 13 | N | b; Unsigned. |
| 0660 | Net Assets - BOY | 1l(a) | 13 | N | b; Signed. |
| 0670 | Employer Securities - EOY | 1d(1)(b) | 13 | N | b; Signed. |
| 0680 | Employer Real Property - EOY | 1d(2)(b) | 13 | N | b; Signed. |
| 0690 | Buildings and Other Property Used in Plan Operation - EOY | 1e(b) | 13 | N | b; Signed. |
| 0700 | Total Assets - EOY | 1f(b) | 13 | N | b; Signed. |
| 0710 | Benefit Claims Payable - EOY | 1g(b) | 13 | N | b; Unsigned. |
| 0720 | Operating Payables - EOY | 1h(b) | 13 | N | b; Unsigned. |
| 0730 | Acquisition Indebtedness - EOY | 1i(b) | 13 | N | b; Unsigned. |
| 0740 | Other Liabilities - EOY | 1j(b) | 13 | N | b; Unsigned. |
| 0750 | Total Liabilities - EOY | 1k(b) | 13 | N | b; Unsigned. |
| 0760 | Net Assets - EOY | 1l(b) | 13 | N | b; Signed. |
| 0770 | Employers Contributions | 2a(1)(A)(a) | 13 | N | b; Signed. |
| 0780 | Participants Contributions | 2a(1)(B)(a) | 13 | N | b; Signed. |
| 0790 | Other Contributions | 2a(1)(C)(a) | 13 | N | b; Signed. |
| 0800 | Non-cash Contributions | 2a(2)(a) | 13 | N | b; Signed. |
| 0810 | Total Contributions | 2a(3)(b) | 13 | N | b; Signed. |
| 0820 | Interest-bearing Cash | 2b(1)(A)(a) | 13 | N | b; Signed. |
| 0830 | U.S. Government Securities | 2b(1)(B)(a) | 13 | N | b; Signed. |
| 0840 | Long-term Corporate Debt Instruments | 2b(1)(C)(a) | 13 | N | b; Signed. |
| 0850 | Loans (Other Than To Participants) | 2b(1)(D)(a) | 13 | N | b; Signed. |
| 0860 | Participant Loans | 2b(1)(E)(a) | 13 | N | b; Signed. |

**Schedule H, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|------|----------------|----------|--------|------|-------------|
| 0870 | Other Interest | 2b(1)(F)(a) | 13 | N | b; Signed. |
| 0880 | Total Interest | 2b(1)(G)(b) | 13 | N | b; Signed. |
| 0890 | Preferred Stock | 2b(2)(A)(a) | 13 | N | b; Signed. |
| 0900 | Common Stock | 2b(2)(B)(a) | 13 | N | b; Signed. |
| 0910 | Total Dividends | 2b(2)(C)(b) | 13 | N | b; Signed. |
| 0920 | Total Rents | 2b(3)(b) | 13 | N | b; Signed. |
| 0930 | Aggregate Proceeds | 2b(4)(A)(a) | 13 | N | b; Signed. |
| 0940 | Aggregate Carrying Amount | 2b(4)(B)(a) | 13 | N | b; Signed. |
| 0950 | Net Gain/Loss on Sale of Assets | 2b(4)(C)(b) | 13 | N | b; Signed. |
|      | Terminus Character | NA | 1 | | Value = "#" |

**Schedule H, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0970 | Real Estate Appreciation /Depreciation | 2b(5)(A)(a) | 13 | N | b; Signed. |
| 0980 | Other Appreciation /Depreciation | 2b(5)(B)(a) | 13 | N | b; Signed. |
| 0990 | Total Appreciation /Depreciation | 2b(5)(C)(b) | 13 | N | b; Signed. |
| 1000 | Net Investment Gain (Loss) From Common/Collective Trusts | 2b(6)(b) | 13 | N | b; Signed. |
| 1010 | Net Investment Gain (Loss) From Pooled-Separate Accounts | 2b(7)(b) | 13 | N | b; Signed. |
| 1020 | Net Investment Gain (Loss) From Master Trust Investment Accounts | 2b(8)(b) | 13 | N | b; Signed. |
| 1030 | Net Investment Gain (Loss) From 103-12 Investment Entities | 2b(9)(b) | 13 | N | b; Signed. |
| 1040 | Net Investment Gain (Loss) From Registered Investment Companies | 2b(10)(b) | 13 | N | b; Signed. |
| 1050 | Other Income | 2c(b) | 13 | N | b; Signed. |
| 1060 | Total Income | 2d(b) | 13 | N | b; Signed. |
| 1070 | Benefit Payments Directly to Participants or Beneficiaries | 2e(1)(a) | 13 | N | b; Unsigned. |
| 1080 | Benefit Payments to Insurance Carriers | 2e(2)(a) | 13 | N | b; Unsigned. |
| 1090 | Other Benefit Payments | 2e(3)(a) | 13 | N | b; Unsigned. |
| 1100 | Total Benefit Payments | 2e(4)(b) | 13 | N | b; Unsigned. |
| 1110 | Total Corrective Distributions | 2f(b) | 13 | N | b; Unsigned. |
| 1120 | Total Deemed Distributions of Participant Loans | 2g(b) | 13 | N | **b; Signed.** |
| 1130 | Total Interest Expense | 2h(b) | 13 | N | b; Unsigned. |
| 1140 | Professional Fees | 2i(1)(a) | 13 | N | b; Unsigned. |
| 1150 | Contract Administrator Fees | 2i(2)(a) | 13 | N | b; Unsigned. |
| 1160 | Investment Advisory and Management Fees | 2i(3)(a) | 13 | N | b; Unsigned. |
| 1170 | Other Administrative Expenses | 2i(4)(a) | 13 | N | b; Unsigned. |
| 1180 | Total Administrative Expenses | 2i(5)(b) | 13 | N | b; Unsigned. |

**Schedule H, Page 3**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 1190 | Total Expenses | 2j(b) | 13 | N | b; Unsigned. |
| 1200 | Net Income (Loss) | 2k(b) | 13 | N | b; Signed. |
| 1210 | Total Transfers of Assets To This Plan | 2l(1)(b) | 13 | N | b; Signed. |
| 1220 | Total Transfers of Assets From This Plan | 2l(2)(b) | 13 | N | b; Signed. |
| 1230 | Opinion Attached -Type | 3a | 1 | A/N | b; 1=Unqualified; 2=Qualified; 3=Disclaimer; 4=Adverse. |
| 1240 | Opinion Not Attached - Reason | 3b-REASON | 1 | A/N | b; 1=Schedule H is filed for a CCT, PSA, or MTIA; 2=Opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50. |
| 1250 | Accountant Performed A Limited Scope Audit - Check Box | 3c | 1 | A/N | b; 1=Box checked. |
| 1260 | Name of Accountant or Accounting Firm | 3d-NAME | 35 | A/N | |
| 1270 | EIN of Accountant or Accounting Firm | 3d-EIN | 9 | N | Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule H, Page 4**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 1290 | Fail To Transmit Contributions Timely | 4a | 1 | A/N | b; 1=Yes; 2=No. |
| 1300 | Fail To Transmit Contributions Timely - Amount | 4a-AMOUNT | 13 | N | b; Signed. |
| 1310 | Loans In Default or Uncollectible | 4b | 1 | A/N | b; 1=Yes; 2=No. |
| 1320 | Loans In Default or Uncollectible - Amount | 4b-AMOUNT | 13 | N | b; Signed. |
| 1330 | Leases In Default or Uncollectible | 4c | 1 | A/N | b; 1=Yes; 2=No. |
| 1340 | Leases In Default or Uncollectible - Amount | 4c-AMOUNT | 13 | N | b; Signed. |
| 1350 | Engage In Non-exempt Transactions With PII | 4d | 1 | A/N | b; 1=Yes; 2=No. |
| 1360 | Engage In Non-exempt Transactions With PII - Amount | 4d-AMOUNT | 13 | N | b; Signed. |
| 1370 | Plan Covered By A Fidelity Bond | 4e | 1 | A/N | b; 1=Yes; 2=No. |
| 1380 | Plan Covered By A Fidelity Bond - Amount | 4e-AMOUNT | 13 | N | b; Signed. |
| 1390 | Loss Caused by Fraud or Dishonesty | 4f | 1 | A/N | b; 1=Yes; 2=No;. |
| 1400 | Loss Caused by Fraud or Dishonesty - Amount | 4f-AMOUNT | 13 | **N** | b; Signed. |
| 1410 | Asset Value Not Readily Determined | 4g | 1 | A/N | b; 1=Yes; 2=No. |
| 1420 | Asset Value Not Readily Determined - Amount | 4g-AMOUNT | 13 | N | b; Signed. |
| 1430 | Non-cash Contribution Values Not Readily Determinable On An Established Market | 4h | 1 | A/N | b; 1=Yes; 2=No. |
| 1440 | Non-cash Contribution Values Not Readily Determinable On An Established Market - Amount | 4h-AMOUNT | 13 | N | b; Signed. |
| 1450 | Plan Have Assets Held For Investment | 4i | 1 | A/N | b; 1=Yes; 2=No. |
| 1460 | Plan Transactions Or Series Of Transactions In Excess of 5% | 4j | 1 | A/N | b; 1=Yes; 2=No. |

**Schedule H, Page 4**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 1470 | All Plan Assets Distributed to Participants | 4k | 1 | A/N | b; 1=Yes; 2=No. |
| 1480 | Resolution To Terminate Adopted | 5a | 1 | A/N | b; 1=Yes; 2=No. |
| 1490 | Resolution To Terminate Adopted - Amount | 5a-AMOUNT | 13 | N | b; Signed. |
| 1500 | Transfer Name [1] | 5b(1)-NAME[1] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 1510 | Transfer EIN [1] | 5b(2)-EIN[1] | 9 | N | Unsigned. |
| 1520 | Transfer PN [1] | 5b(3)-PN[1] | 3 | N | Unsigned. |
| 1530 | Transfer Name [2] | 5b(1)-NAME[2] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 1540 | Transfer EIN [2] | 5b(2)-EIN[2] | 9 | N | Unsigned. |
| 1550 | Transfer PN [2] | 5b(3)-PN[2] | 3 | N | Unsigned. |
| 1560 | Transfer Name [3] | 5b(1)-NAME[3] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 1570 | Transfer EIN [3] | 5b(2)-EIN[3] | 9 | N | Unsigned. |
| 1580 | Transfer PN [3] | 5b(3)-PN[3] | 3 | N | Unsigned. |
| 1590 | Transfer Name [4] | 5b(1)-NAME[4] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 1600 | Transfer EIN [4] | 5b(2)-EIN[4] | 9 | N | Unsigned. |
| 1610 | Transfer PN [4] | 5b(3)-PN[4] | 3 | N | Unsigned. |
|  | Terminus Character | NA | 1 |  | Value = "#" |

# 15. Schedule I

**Schedule I, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned.  Valid range: 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned. |
| 0140 | Total Plan Assets - BOY | 1a-BOY | 13 | N | b; Signed. |
| 0150 | Total Plan Liabilities - BOY | 1b-BOY | 13 | N | b; Unsigned. |
| 0160 | Net Plan Assets - BOY | 1c-BOY | 13 | N | b; Signed. |
| 0170 | Total Plan Assets - EOY | 1a-EOY | 13 | N | b; Signed. |
| 0180 | Total Plan Liabilities - EOY | 1b-EOY | 13 | N | b; Unsigned. |
| 0190 | Net Plan Assets - EOY | 1c-EOY | 13 | N | b; Signed. |
| 0200 | Employers Contributions Received | 2a(1)(a) | 13 | N | b; Signed. |
| 0210 | Participants Contributions Received | 2a(2)(a) | 13 | N | b; Signed. |
| 0220 | Other Contributions | 2a(3)(a) | 13 | N | b; Signed. |
| 0230 | Non-cash Contributions | 2b(a) | 13 | N | b; Signed. |
| 0240 | Other Income | 2c(a) | 13 | N | b; Signed. |
| 0250 | Total Income Received or Receivable (Including Contributions) | 2d(b) | 13 | N | b; Signed. |
| 0260 | Benefits Paid | 2e(a) | 13 | N | b; Unsigned. |
| 0270 | Corrective Distributions | 2f(a) | 13 | N | b; Unsigned. |
| 0280 | Deemed Distributions of Participants Loans | 2g(a) | 13 | N | b; Unsigned. |
| 0290 | Other Expenses | 2h(a) | 13 | N | b; Unsigned. |
| 0300 | Total Expenses (Including Benefits Paid) | 2i(b) | 13 | N | b; Unsigned. |
| 0310 | Net Income (Loss) | 2j(b) | 13 | N | b; Signed. |
| 0320 | Net Transfers | 2k(b) | 13 | N | b; Signed. |
| 0330 | Partnership/Joint Venture Interests | 3a | 1 | A/N | b; 1=Yes; 2=No. |
| 0340 | Partnership/Joint Venture Interests - Amount | 3a-AMOUNT | 13 | N | b; Signed. |
| 0350 | Employer Real Property | 3b | 1 | A/N | b; 1=Yes; 2=No. |
| 0360 | Employer Real Property - Amount | 3b-AMOUNT | 13 | N | b; Signed. |
| | Terminus Character | | 1 | | Value = "#" |

**Schedule I, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0380 | Real Estate (Other Than Employer Real Property) | 3c | 1 | A/N | b; 1=Yes; 2=No. |
| 0390 | Real Estate (Other Than Employer Real Property) - Amount | 3c-AMOUNT | 13 | N | b; Signed. |
| 0400 | Employer Securities | 3d | 1 | A/N | b; 1=Yes; 2=No. |
| 0410 | Employer Securities - Amount | 3d-AMOUNT | 13 | N | b; Signed. |
| 0420 | Participant Loans | 3e | 1 | A/N | b; 1=Yes; 2=No. |
| 0430 | Participant Loans - Amount | 3e-AMOUNT | 13 | N | b; Signed. |
| 0440 | Loans (Other Than To Participants) | 3f | 1 | A/N | b; 1=Yes; 2=No. |
| 0450 | Loans (Other Than To Participants) - Amount | 3f-AMOUNT | 13 | N | b; Signed. |
| 0460 | Tangible Personal Property | 3g | 1 | A/N | b; 1=Yes; 2=No. |
| 0470 | Tangible Personal Property - Amount | 3g-AMOUNT | 13 | N | b; Signed. |
| 0480 | Fail To Transmit Contributions Timely | 4a | 1 | A/N | b; 1=Yes; 2=No. |
| 0490 | Fail To Transmit Contributions Timely - Amount | 4a-AMOUNT | 13 | N | b; Signed. |
| 0500 | Loans In Default or Uncollectible | 4b | 1 | A/N | b; 1=Yes; 2=No. |
| 0510 | Loans In Default or Uncollectible - Amount | 4b-AMOUNT | 13 | N | b; Signed. |
| 0520 | Leases In Default or Uncollectible | 4c | 1 | A/N | b; 1=Yes; 2=No. |
| 0530 | Leases In Default or Uncollectible - Amount | 4c-AMOUNT | 13 | N | b; Signed. |
| 0540 | Engage In Non-exempt Transactions With PII | 4d | 1 | A/N | b; 1=Yes; 2=No. |
| 0550 | Engage In Non-exempt Transactions With PII - Amount | 4d-AMOUNT | 13 | N | b; Signed. |
| 0560 | Plan Covered By A Fidelity Bond | 4e | 1 | A/N | b; 1=Yes; 2=No. |
| 0570 | Plan Covered By A Fidelity Bond - Amount | 4e-AMOUNT | 13 | N | b; Signed. |

**Schedule I, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0580 | Loss Caused by Fraud or Dishonesty | 4f | 1 | A/N | b; 1=Yes; 2=No. |
| 0590 | Loss Caused by Fraud or Dishonesty - Amount | 4f-AMOUNT | 13 | **N** | b; Signed. |
| 0600 | Asset Value Not Readily Determined | 4g | 1 | A/N | b; 1=Yes; 2=No. |
| 0610 | Asset Value Not Readily Determined - Amount | 4g-AMOUNT | 13 | N | b; Signed. |
| 0620 | Non-cash Contribution Values Not Readily Determinable On An Established Market | 4h | 1 | A/N | b; 1=Yes; 2=No. |
| 0630 | Non-cash Contribution Values Not Readily Determinable On An Established Market - Amount | 4h-AMOUNT | 13 | N | b; Signed. |
| 0640 | Plan At Any Time Holds 20% Or More Of Its Assets In Any Single Security | 4i | 1 | A/N | b; 1=Yes; 2=No. |
| 0650 | Plan At Any Time Holds 20% Or More Of Its Assets In Any Single Security - Amount | 4i-AMOUNT | 13 | N | b; Signed. |
| 0660 | All Plan Assets Distributed to Participants | 4j | 1 | A/N | b; 1=Yes; 2=No. |
| 0665 | Claiming Waiver of Annual Report of IQPA Under 29 CFR 2520.104.46 | 4k | 1 | A/N | b; 1=Yes; 2=No. |
| 0670 | Resolution To Terminate Adopted | 5a | 1 | A/N | 1=Yes; 2=No. |
| 0680 | Resolution To Terminate Adopted - Amount | 5a-AMOUNT | 13 | N | b; Signed. |
| 0690 | | | | | Not used for Plan Year 2002. |
| 0700 | | | | | Not used for Plan Year 2002. |
| 0710 | | | | | Not used for Plan Year 2002. |
| 0720 | Transfer Name [1] | 5b(1)-NAME [1] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0730 | Transfer EIN [1] | 5b(2)-EIN [1] | 9 | N | b; Unsigned. |
| 0740 | Form Label: Transfer PN [1] | 5b(3)-PN [1] | 3 | N | b; Unsigned. |

**Schedule I, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0750 | Transfer Name [2] | 5b(1)-NAME [2] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0760 | Transfer EIN [2] | 5b(2)-EIN [2] | 9 | N | b; Unsigned. |
| 0770 | Form Label: Transfer PN [2] | 5b(3)-PN [2] | 3 | N | b; Unsigned. |
| 0780 | Transfer Name [3] | 5b(1)-NAME [3] | 35 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks. Double embedded spaces should be changed to a single space. |
| 0790 | Transfer EIN [3] | 5b(2)-EIN [3] | 9 | N | b; Unsigned. |
| 0800 | Form Label: Transfer PN [3] | 5b(3)-PN [3] | 3 | N | b; Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

# 16. Schedule P

**Schedule P, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|------|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Name of Trustee or Custodian | 1a | 35 | A/N | |
| 0130 | Trustee Street Address | 1b | 35 | A/N | |
| 0140 | Trustee City | 1c-CITY | 20 | A/N | |
| 0150 | Trustee State | 1c-STATE | 2 | A/N | |
| 0160 | Trustee Zip Code | 1c-ZIP | 9 | N | b; Unsigned. |
| 0170 | Trust's Name | 2a | 70 | A/N | |
| 0180 | Trust's EIN | 2b | 9 | N | Unsigned. |
| 0190 | Name of Plan | 3 | 70 | A/N | |
| 0200 | Furnished the Participating Employee Benefit Plan(s) With the Trust Financial Information | 4 | 1 | A/N | b; 1= Yes; 2= No. |
| 0210 | Sponsor EIN | 5 | 9 | N | Unsigned. |
| | Terminus Character | | 1 | | Value = "#" |

# 17.  Schedule R

**Schedule R, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Three Digit Plan Number | B | 3 | N | Unsigned.  Valid range: 001-999. |
| 0130 | Sponsor EIN | D | 9 | N | Unsigned. |
| 0140 | Total Value of Distributions Paid in Property Other Than Cash | 1 | 13 | N | b; Signed. |
| 0150 | EIN 1 of Payor Who Paid Benefits On Behalf of the Plan | 2-EIN 1 | 9 | N | Unsigned. |
| 0160 | EIN 2 of Payor Who Paid Benefits On Behalf of the Plan | 2-EIN 2 | 9 | N | Unsigned. |
| 0170 | Number of Participants Whose Benefits Were Distributed In A Single Sum | 3 | 8 | N | b; Unsigned. |
| 0180 | Plan Administrator Making An Election Under Code Section 412(c)(8) | 4 | 1 | A/N | b; 1=Yes; 2=No; 3=Not applicable. |
| 0190 | Date of the Ruling Letter Granting the Waiver | 5 | 8 | N | b; Format: YYYYMMDD |
| 0200 | Minimum Required Contribution for This Plan Year | 6a | 13 | N | b; Signed. |
| 0210 | Amount Contributed By the Employer To the Plan | 6b | 13 | N | b; Signed. |
| 0220 | Funding Deficiency Amount | 6c | 13 | N | b; Signed. |
| 0230 | Plan Sponsor or Plan Administrator Agree With the Change In Actuarial Cost Method | 7 | 1 | A/N | b; 1=Yes; 2=No; 3=Not applicable. |
| **0240** | | | | | **Not Used for Plan Year 2002** |
| 0250 | Amendments Increase the Value of Benefits | **8** | 1 | A/N | b; 1=Yes; 2=No. |
| | Terminus Character | NA | 1 | | Value = "#" |

# 18.  Schedule SSA

**Schedule SSA, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0100 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | Format: YYYYMMDD |
| 0110 | Tax Period End | TAX PERIOD | 8 | N | Format: YYYYMMDD |
| 0120 | Name of Plan | A | 70 | A/N | |
| 0130 | Three Digit Plan Number | B | 3 | N | Unsigned.  Valid range: 001-999. |
| 0140 | Plan Sponsor's Name | C | 70 | A/N | |
| 0150 | Sponsor EIN | D | 9 | A/N | Unsigned. |
| 0160 | Additional Participants Shown On Attachments Box | BOX A | 1 | A/N | b; 1=Box checked. |
| 0170 | Government, Church, or Other Plan Elects To Voluntarily File Schedule SSA | BOX B | 1 | A/N | b; 1=Box checked. |
| 0180 | Sponsor Street Address | 2-ADDRESS | 35 | A/N | |
| 0190 | Sponsor City | 2-CITY | 22 | A/N | |
| 0200 | Sponsor State | 2-STATE | 2 | A/N | |
| 0210 | Sponsor Zip Code | 2-ZIP | 9 | N | b; Unsigned. |
| 0220 | Name of Plan Administrator | 3a | 70 | A/N | |
| 0230 | Administrator EIN | 3b | 9 | N | Unsigned. |
| 0240 | Administrator Street Address | 3c-STREET | 35 | A/N | |
| 0250 | Administrator City | 3c-CITY | 20 | A/N | |
| 0260 | Administrator State | 3c-STATE | 2 | A/N | |
| 0270 | Administrator Zip Code | 3c-ZIP | 9 | N | b; Unsigned. |
| 0280 | Administrator Telephone Number | Telephone | 10 | N | b; Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0300 | Entry Code [1] | 4a [1] | 1 | A/N | b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits. |
| 0310 | Social Security Number [1] | 4b [1] | 9 | A/N | Social Security Number or A = "Alien," F = "Foreign," N = "Non-U.S. Citizen," O = "Outside-U.S. Participant" |
| 0315 | First Name of Participant [1] | 4c [1] | 11 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0320 | Middle Initial of Participant [1] | 4c [1] | 1 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0325 | Last Name of Participant [1] | 4c [1] | 15 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0330 | Type of Annuity [1] | 4d [1] | 1 | A/N | b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other. |
| 0340 | Payment Frequency [1] | 4e [1] | 1 | A/N | b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other. |
| 0350 | Defined Benefit Plan - Periodic Payment [1] | 4f [1] | 12 | N | b; Unsigned. Numerics with two implied decimals. |
| 0360 | Units or Shares [1] | 4g-SHARES [1] | 15 | N | b; Unsigned, numerics with five implied decimals. |
| 0370 | Share Indicator [1] | 4g-INDICATOR [1] | 1 | A/N | 1 = Value indicated represents shares. |
| 0380 | Total Value of Account [1] | 4h [1] | 12 | N | b; Unsigned numerics with two implied decimals. |
| 0390 | Previous Sponsor's EIN [1] | 4i [1] | 9 | N | Unsigned. |
| 0400 | Previous Sponsor's Plan Number [1] | 4j [1] | 3 | N | Unsigned. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0410 | Entry Code [2] | 4a [2] | 1 | A/N | b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits. |
| 0420 | Social Security Number [2] | 4b [2] | 9 | A/N | Social Security Number or A = "Alien," F = "Foreign," N = "Non-U.S. Citizen," O = "Outside-U.S. Participant" |
| 0425 | First Name of Participant [2] | 4c [2] | 11 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0430 | Middle Initial of Participant [2] | 4c [2] | 1 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0435 | Last Name of Participant [2] | 4c [2] | 15 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0440 | Type of Annuity [2] | 4d [2] | 1 | A/N | b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other. |
| 0450 | Payment Frequency [2] | 4e [2] | 1 | A/N | b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other. |
| 0460 | Defined Benefit Plan - Periodic Payment [2] | 4f [2] | 12 | N | b; Unsigned. Numerics with two implied decimals. |
| 0470 | Units or Shares [2] | 4g-SHARES [2] | 15 | N | b; Unsigned, numerics with five implied decimals. |
| 0480 | Share Indicator [2] | 4g-INDICATOR [2] | 1 | A/N | 1 = Value indicated represents shares. |
| 0490 | Total Value of Account [2] | 4h [2] | 12 | N | b; Unsigned, numerics with two implied decimals. |
| 0500 | Previous Sponsor's EIN [2] | 4i [2] | 9 | N | Unsigned. |
| 0510 | Previous Sponsor's Plan Number [2] | 4j [2] | 3 | N | Unsigned. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0520 | Entry Code [3] | 4a [3] | 1 | A/N | b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits. |
| 0530 | Social Security Number [3] | 4b [3] | 9 | A/N | Social Security Number or A = "Alien," F = "Foreign," N = "Non-U.S. Citizen," O = "Outside-U.S. Participant" |
| 0535 | First Name of Participant [3] | 4c [3] | 11 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0540 | Middle Initial of Participant [3] | 4c [3] | 1 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0545 | Last Name of Participant [3] | 4c [3] | 15 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0550 | Type of Annuity [3] | 4d [3] | 1 | A/N | b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other. |
| 0560 | Payment Frequency [3] | 4e [3] | 1 | A/N | b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other. |
| 0570 | Defined Benefit Plan - Periodic Payment [3] | 4f [3] | 12 | N | b; Unsigned.  Numerics with two implied decimals. |
| 0580 | Units or Shares [3] | 4g-SHARES [3] | 15 | N | b; Unsigned, numerics with five implied decimals. |
| 0590 | Share Indicator [3] | 4g-INDICATOR [3] | 1 | A/N | 1 = Value indicated represents shares. |
| 0600 | Total Value of Account [3] | 4h [3] | 12 | N | b; Numerics with two implied decimals. |
| 0610 | Previous Sponsor's EIN [3] | 4i [3] | 9 | N | Unsigned. |
| 0620 | Previous Sponsor's Plan Number [3] | 4j [3] | 3 | N | Unsigned. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|----------------|----------|--------|------|-------------|
| 0630 | Entry Code [4] | 4a [4] | 1 | A/N | b; A=Participant not previously reported; B=Participant previously reported under the plan number shown on this schedule to modify some of the previously reported information; C=Participant previously reported under another plan number who will now be receiving his/her future benefits from the plan reported on this schedule; D=Participant previously reported under the plan number shown on this schedule who is no longer entitled to those deferred vested benefits. |
| 0640 | Social Security Number [4] | 4b [4] | 9 | A/N | Social Security Number or A = "Alien," F = "Foreign," N = "Non-U.S. Citizen," O = "Outside-U.S. Participant" |
| 0645 | First Name of Participant [4] | 4c [4] | 11 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0650 | Middle Initial of Participant [4] | 4c [4] | 1 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |
| 0655 | Last Name of Participant [4] | 4c [4] | 15 | A/N | b; Must contain A-Z, 0-9, ampersands, commas, hyphens, percents, periods, slash, or blanks.  Double embedded spaces should be changed to a single space. |

**Schedule SSA, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0660 | Type of Annuity [4] | 4d [4] | 1 | A/N | b; A=Single sum; B=Annuity payable over fixed number of years; C=Life annuity; D=Life annuity with period certain; E=Cash refund life annuity; F=Modified cash refund life annuity; G=Joint and last survivor life annuity; M=Other. |
| 0670 | Payment Frequency [4] | 4e [4] | 1 | A/N | b; A=Lump sum; B=Annually; C=Semi-annually; D=Quarterly; E=Monthly; M=Other. |
| 0680 | Defined Benefit Plan - Periodic Payment [4] | 4f [4] | 12 | N | b; Unsigned. Numerics with two implied decimals. |
| 0690 | Units or Shares [4] | 4g-SHARES [4] | 15 | N | b; Unsigned, numerics with five implied decimals. |
| 0700 | Share Indicator [4] | 4g-INDICATOR [4] | 1 | A/N | 1 = Value indicated represents shares. |
| 0710 | Total Value of Account [4] | 4h [4] | 12 | N | b; Unsigned, numerics with two implied decimals. |
| 0720 | Previous Sponsor's EIN [4] | 4i [4] | 9 | N | Unsigned. |
| 0730 | Previous Sponsor's Plan Number [4] | 4j [4] | 3 | N | Unsigned. |
| | Terminus Character | NA | 1 | | Value = "#" |

# 19. Schedule T

**Schedule T, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0000 | Control Information | NA | 32 | | |
| 0010 | Plan Year Beginning Date | PLAN YEAR BEGIN | 8 | N | b; Format: YYYYMMDD |
| 0020 | Tax Period End | TAX PERIOD | 8 | N | b; Format: YYYYMMDD |
| 0030 | Three Digit Plan Number | B | 3 | N | Unsigned.  Valid range: 001-999. |
| 0040 | Sponsor EIN | D | 9 | N | Unsigned. |
| 0050 | Name of Participating Employer | 1a | 35 | A/N | |
| 0060 | Participating Employer EIN | 1b | 9 | N | Unsigned. |
| 0070 | Number of QSLOBs the Employer Operates | 2a | 4 | N | b; Unsigned. |
| 0080 | Number of QSLOBs That Have Employees Benefiting Under This Plan | 2b | 4 | N | b; Unsigned. |
| 0090 | Employer Apply Minimum Coverage Requirements On An Employer-Wide Basis | 2c | 1 | A/N | b; 1= Yes; 2= No. |
| 0100 | Identification of QSLOB to Which the Coverage Information Relates | 2d | 35 | A/N | |
| 0110 | Compensation Type [A indicator] | 3 [A] | 1 | A/N | b; A=Employer employs only highly compensated employees (HCES). |
| 0120 | Compensation Type [B indicator] | 3 [B] | 1 | A/N | b; B=No HCEs benefited under the plan at anytime during the plan year. |
| 0130 | Compensation Type [C indicator] | 3 [C] | 1 | A/N | b; C=Plan benefits only collectively bargained employees. |
| 0140 | Compensation Type [D indicator] | 3 [D] | 1 | A/N | b; D=Plan benefits all nonexcludable non-highly compensated employees including leased and self-employed individuals. |
| 0150 | Compensation Type [E indicator] | 3 [E] | 1 | A/N | b; E=Plan is treated as satisfying the minimum coverage requirements under code section 410(b)(6)(C). |

**Schedule T, Page 1**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| | Terminus Character | NA | 1 | | Value = "#" |

**Schedule T, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|---|---|---|---|---|---|
| 0000 | Control Information | NA | 32 | | |
| 0170 | Date the Plan Year Began for Which Coverage Data is Being Submitted | 4 | 8 | A/N | b; Format: YYYYMMDD |
| 0180 | Leased Employees Perform Services for the Employer At Any Time During the Plan Year | 4a | 1 | A/N | b; 1=Yes; 2=No. |
| 0190 | Does the Employer Aggregate Plans | 4b | 1 | A/N | b; 1=Yes; 2=No. |
| 0200 | Total Number of Employees of the Employer | 4c(1) | 8 | N | b; Unsigned. |
| 0210 | Number of Excludable Employees As Defined In IRS Regulations | 4c(2) | 8 | N | b; Unsigned. |
| 0220 | Number of Nonexcludable Employees | 4c(3) | 8 | N | b; Unsigned. |
| 0230 | Number of Nonexcludable Employees Who Are HCEs | 4c(4) | 8 | N | b; Unsigned. |
| 0240 | Number of Nonexcludable Employees Who Benefit Under the Plan | 4c(5) | 8 | N | b; Unsigned. |
| 0250 | Number of Benefiting Nonexcludable Employees Who Are HCEs | 4c(6) | 8 | N | b; Unsigned. |
| 0260 | Plan's Ratio Percentage | 4d-RATIO | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 0270 | Plan's Ratio Percentage Text | 4d-TEXT | 15 | A/N | |
| 0280 | Disaggregated Part 1 | 4e(1)-Portion | 15 | A/N | |
| 0290 | Disaggregated Ratio 1 | 4e(1)-RATIO | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 0295 | Disaggregated Exception 1 | 4e(1)-EXCEPTION | 2 | A/N | b; Valid Values: A, B, C, D, E, 3A, 3B, 3C, 3D, 3E. |

**Schedule T, Page 2**

| no. | Identification | Form_Ref | Length | Type | Description |
|-----|---------------|----------|--------|------|-------------|
| 0300 | Disaggregated Part 2 | 4e(2)-Portion | 15 | A/N | |
| 0310 | Disaggregated Ratio 2 | 4e(2)-RATIO | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 0315 | Disaggregated Exception 2 | 4e(2)-EXCEPTION | 2 | A/N | b; Valid Values: A, B, C, D, E, 3A, 3B, 3C, 3D, 3E. |
| 0320 | Disaggregated Part 3 | 4e(3)-Portion | 15 | A/N | |
| 0330 | Disaggregated Ratio 3 | 4e(3)-RATIO | 4 | N | b; Unsigned. Numerics with one implied decimal. |
| 0335 | Disaggregated Exception 3 | 4e(3)-EXCEPTION | 2 | A/N | b; Valid Values: A, B, C, D, E, 3A, 3B, 3C, 3D, 3E. |
| 0340 | Plan Satisfies the Coverage Requirements On the Basis of Ratio Test or Average Benefit Test | 4f | 1 | A/N | b; 1=Ratio percentage test; 2=Average benefit test; 9=Multiple boxes checked. |
| | Terminus Character | NA | 1 | | Value = "#" |